UNITED STATES BANKRUPTCY COURT NORTHERN **DISTRICT OF** OHIO

In re:	§		
UNIVERSITY DERMATOLOGISTS, INC.,	§ § §	Case No. 15-11415 AIH	
Debtor	§ §		

CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)

DAVID O. SIMON, TRUSTEE, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

- 1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.
- 2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: 1,000,000.00 Assets Exempt: 0.00

(Without deducting any secured claims)

Total Distributions to Claimants: 379,144.20 Claims Discharged

Without Payment: 2,750,054.34

Total Expenses of Administration: 601,419.08

3) Total gross receipts of \$ 981,337.11 (see Exhibit 1), minus funds paid to the debtor and third parties of \$ 773.83 (see Exhibit 2), yielded net receipts of \$ 980,563.28 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS	CNIA	\$ 50 500 00	\$ 50 500 00	\$ 50 500 00
(from Exhibit 3)	\$ NA	\$ 59,500.00	\$ 59,500.00	\$ 59,500.00
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4)	NA	632,563.31	612,226.13	601,419.08
PRIOR CHAPTER				
ADMIN. FEES AND				
CHARGES (from Exhibit 5)	NA	NA	NA	NA
PRIORITY UNSECURED				
CLAIMS (from Exhibit 6)	NA	167,112.09	127,742.94	91,151.75
GENERAL UNSECURED				
CLAIMS (from Exhibit 7)	NA	6,470,050.78	2,978,546.79	228,492.45
TOTAL DISBURSEMENTS	\$ NA	\$ 7,329,226.18	\$ 3,778,015.86	\$ 980,563.28

- 4) This case was originally filed under chapter 7 on 03/18/2015. The case was pending for 48 months.
- 5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.
- 6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 02/19/2019 By:/s/DAVID O. SIMON, TRUSTEE

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

EXHIBITS TO FINAL ACCOUNT

EXHIBIT 1 – GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE ¹	\$ AMOUNT RECEIVED
Key Bank account	1121-000	42,949.96
Accounts Receivable	1121-000	762,858.70
Tax Refund - 2014	1121-000	12,937.24
Cash on Hand	1129-000	543.21
Machinery and Fixtures	1129-000	87,501.00
Refund of unemployment taxes	1221-000	68.87
Unclaimed funds claim	1221-000	567.67
Tax Refund - 2014	1224-000	5,297.64
Tax refund - 2015	1224-000	2,190.73
Tax Refund -2015	1224-000	24,223.00
Refund of insurance premiums	1229-000	272.47
American Express refund	1229-000	82.68
Liability Insurance Refund	1229-000	22,057.00
Medical Records Charges	1229-000	48.00

DESCRIPTION	UNIFORM TRAN. CODE ¹	\$ AMOUNT RECEIVED
Rebate	1229-000	254.65
Refund of retainer from Frantz Ward	1229-000	12,768.75
Refund of fees from Heartland Payment	1229-000	1,715.54
REMNANT ASSETS	1229-000	5,000.00
TOTAL GROSS RECEIPTS		\$981,337.11

¹The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
Carolyn Sweeney	Non-Estate Funds Paid to Third Parties	8500-000	102.76
Eric B. Baud	Non-Estate Funds Paid to Third Parties	8500-002	41.96
Gary Lichten	Non-Estate Funds Paid to Third Parties	8500-002	57.94
Highmark Blue Shield	Non-Estate Funds Paid to Third Parties	8500-002	280.89
KeyBank	Non-Estate Funds Paid to Third Parties	8500-002	74.25
Primetime Health Plan	Non-Estate Funds Paid to Third Parties	8500-002	57.94
ROJW	Non-Estate Funds Paid to Third Parties	8500-002	110.89

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
UnitedHealthcare	Non-Estate Funds Paid to Third Parties	8500-002	47.20
TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES			\$ 773.83

EXHIBIT 3 – SECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
	CONSULTANTS,					
	KEYSTONE TECHNOLOGY	4210-000	NA	3,500.00	3,500.00	3,500.00
	DIRECT CAPITAL					
	CORPORATION	4210-000	NA	56,000.00	56,000.00	56,000.00
TOTAL SEC	CURED CLAIMS		\$NA	\$ 59,500.00	\$ 59,500.00	\$ 59,500.00

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
TRUSTEE COMPENSATION:DAVID O.					
SIMON	2100-000	NA	8,103.89	8,103.89	8,103.89
TRUSTEE COMPENSATION:HELBLING,					
LAUREN A.	2100-000	NA	44,174.27	44,174.27	44,174.27
TRUSTEE EXPENSES:DAVID O.					
SIMON	2200-000	NA	418.35	418.35	418.35

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
TRUSTEE EXPENSES:HELBLING,					
LAUREN A.	2200-000	NA	2,747.02	2,747.02	2,747.02
INSURANCE PARTNERS					
AGENCY	2300-000	NA	273.47	273.47	273.47
INSURANCE PARTNERS					
AGENCY, INC.	2300-000	NA	774.97	774.97	774.97
AKRON GENERAL MEDICAL					
CENTER	2410-000	NA	29,068.40	15,000.00	7,500.00
MENTOR MEDICAL CAMPUS					
PHYSICIAN BLD	2410-000	NA	3,307.05	3,307.05	3,307.05
MENTOR MEDICAL CAMPUS					
PHYSICIAN BUI	2410-000	NA	9,575.83	3,307.05	0.00
MOUNTAIN, IRON	2410-000	NA	10,458.80	10,458.80	10,458.80
TWIN TOWERS LTD.	2410-000	NA	5,000.00	5,000.00	5,000.00
UNIVERSITY SUBURBAN REAL					
ESTATE LTD	2410-000	NA	12,698.80	12,698.80	12,698.80
TWIN TOWERS SPE LLC	2420-000	NA	144.10	144.10	144.10
UNIVERSITY SUBURBAN				1	
HEALTH CENTER	2420-000	NA	979.17	979.17	979.17
BOK Financial	2600-000	NA	8,042.35	8,042.35	8,042.35
Bank of Kansas City	2600-000	NA	14,812.45	14,812.45	14,812.45

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
CLERK, U.S. BANKRUPTCY					
COURT	2700-000	NA	1,050.00	1,050.00	1,050.00
TREASURY, U.S.	2810-000	NA	170,648.00	170,648.00	170,648.00
CITY OF PARMA	2820-000	NA	835.00	835.00	835.00
JEDD, BATH AKRON FAIRLAWN	2820-000	NA	2,603.00	2,603.00	2,603.00
OHIO DEPARTMENT OF					
TAXATION	2820-000	NA	28,741.73	28,741.73	28,741.73
RITA	2820-000	NA	5,331.00	5,331.00	5,331.00
ASSOCIATION, KEYBANK					
NATIONAL	2990-000	NA	31.15	31.15	31.15
BILLERS, WEST COAST					
DERMATOLOGY	2990-000	NA	25,927.02	25,927.02	25,927.02
BK ATTORNEY SERVICES LLC	2990-000	NA	30,651.26	30,651.26	30,651.26
CLERK, CUYAOGA COUNTY					
PROBATE COURT	2990-000	NA	15.00	15.00	15.00
COAST, WEST	2990-000	NA	8,469.51	8,469.51	8,469.51
CONSULTANTS, KEYSTONE					
TECHNOLOBY	2990-000	NA	3,627.50	3,627.50	3,627.50
CONSULTANTS, KEYSTONE					
TECHNOLOGY	2990-000	NA	7,350.00	7,350.00	7,350.00

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
НІТСНСОСК, КАТНҮ	2990-000	NA	256.00	256.00	256.00
INFOSHRED.NET	2990-000	NA	99.70	99.70	99.70
PAYCOR	2990-000	NA	1,036.02	1,036.02	1,036.02
SRS SOFTWARE, LLC	2990-000	NA	4,401.50	4,401.50	4,401.50
ATTORNEY FOR TRUSTEE FEES (OTHER FIRM):DODD, L'HOMMEDIEU & MCGRIEVY, LLC	3210-000	NA	29,667.00	29,667.00	29,667.00
ATTORNEY FOR TRUSTEE FEES (OTHER FIRM):FREDERIC P. SCHWEIG, ESQ.	3210-000	NA	41,460.00	41,460.00	41,460.00
ATTORNEY FOR TRUSTEE FEES (OTHER FIRM):SCHWIEG, FREDERIC P.	3210-000	NA	30,270.00	30,270.00	30,270.00
ATTORNEY FOR TRUSTEE EXPENSES (OTHER FIRM):DODD, L'HOMMEDIEU & MCGRIEVY, LLC	3220-000	NA	80.84	80.84	80.84
ATTORNEY FOR TRUSTEE EXPENSES (OTHER FIRM):FREDERIC P. SCHWEIG, ESQ.	3220-000	NA	406.81	406.81	406.81

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
ATTORNEY FOR TRUSTEE					
EXPENSES (OTHER					
FIRM):SCHWIEG, FREDERIC P.	3220-000	NA	367.60	367.60	367.60
ACCOUNTANT FOR TRUSTEE					
FEES (OTHER FIRM):BRIAN R.					
GREENE	3410-000	NA	23,318.75	23,318.75	23,318.75
ACCOUNTANT FOR TRUSTEE					
FEES (OTHER FIRM):GREENE,					
BRIAN R.	3410-000	NA	17,630.25	17,630.25	17,630.25
BILLERS, WEST COAST					
DERMATOLOGY	3991-000	NA	47,709.75	47,709.75	47,709.75
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		\$ NA	\$ 632,563.31	\$ 612,226.13	\$ 601,419.08

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA
TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES		\$ NA	\$ NA	\$ NA	\$ NA

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

CLAIM NO.	. CLAIMANT	UNIFORM CLAIMANT TRAN. CODE		CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID	
AUTO	AKRON	5300-000	NA	NA	219.15	219.15	
000013A	AMY KASSOUF, M.D.	5300-000	NA	12,475.00	12,475.00	12,475.00	
000060	BARRY C. LAMKIN, MD	5300-000	NA	12,475.00	3,774.67	3,774.67	
000037	BITNER, DIANE	5300-000	NA	432.00	432.00	290.96	
000051	BORESZ, MARJORIE	5300-000	NA	915.48	915.48	616.58	
000015	BOSTON, JANICE	5300-000	NA	1,078.26	1,078.56	723.71	
000010	BRENN, KELLY	5300-000	NA	2,250.00	2,250.00	1,515.37	
AUTO	CLEVELAND HTS	5300-000	NA	NA	37.23	37.23	
000018	DENISE WOMACK	5300-000	NA	1,121.28	1,121.28	755.17	
000054A	ERIC BAUD	5300-000	NA	12,475.00	12,475.00	12,475.00	
000007	ESQUIVEL, DEBRA	5300-000	NA	2,800.00	2,800.00	1,871.80	
000019A	GARY D. LICHTEN, M.D.	5300-000	NA	12,465.00	12,475.00	12,475.00	
000039	GOODE, ANDRIA	5300-000	NA	676.00	676.00	453.60	
000020	HAGUE, PATRICIA	5300-000	NA	4,195.36	1,058.93	707.90	
000001	HARDESTY, ANNA	5300-000	NA	1,359.02	396.90	266.31	
000068	HULEC, KAREN	5300-000	NA	2,101.44	191.04	129.62	

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
AUTO	INTERNAL REVENUE SERVICE	5300-000	NA	NA	6,606.19	6,606.19
000014	KOVACIK, JUDITH	5300-000	NA	4,640.00	859.14	582.92
000003	LEWIS, KYLE	5300-000	NA	1,654.80	1,654.80	1,110.38
000002	MARIA J. KEELER	5300-000	NA	4,719.28	4,422.32	2,967.39
000005	MCDICKEN, SUSAN	5300-000	NA	1,645.28	1,645.28	1,108.08
000004	NEMETH, MARIANNA	5300-000	NA	5,406.84	1,483.24	995.25
AUTO	OHIO DEPT OF TAXATION	5300-000	NA	NA	716.77	716.77
000011	ORLANDO, MARLENE	5300-000	NA	7,344.00	1,224.00	818.24
AUTO	PARMA	5300-000	NA	NA	127.07	127.07
AUTO	S EUCLID	5300-000	NA	NA	127.29	127.29
000050	SANDRA K. KOCHER	5300-000	NA	1,683.17	1,683.17	1,129.40
AUTO	WESTLAKE DIV TAX	5300-000	NA	NA	15.76	15.76
000032A	ZAIM, TARIF	5300-000	NA	12,475.00	12,475.00	12,475.00
000041	CITY OF PARMA	5800-000	NA	440.90	440.90	440.90
000030A	INTERNAL REVENUE SERVICE	5800-000	NA	500.00	500.00	500.00

CLAIM NO.	LAIM NO. CLAIMANT		CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
AUTO	INTERNAL REVENUE SERVICE	5800-000	NA	NA	1,827.75	1,827.75
000062A	OHIO BUREAU OF WORKERS' COMPENSATI	5800-000	NA	10,755.22	10,755.22	10,755.22
000016	OHIO DEPARTMENT OF TAXATION	5800-000	NA	3,006.81	2,305.39	0.00
000048	OHIO DEPARTMENT OF TAXATION	5800-000	NA	36,283.67	26,436.34	0.00
000072	REGIONAL INCOME TAX AGENCY	5800-000	NA	61.07	61.07	61.07
TOTAL PRIORITY UNSECURED CLAIMS			\$ NA	\$ 167,112.09	\$ 127,742.94	\$ 91,151.75

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	AKRON GENERAL					
000033	MEDICAL CENTER	7100-000	NA	21,809.02	21,809.02	1,679.67
000013B	AMY KASSOUF, MD	7100-000	NA	92,556.90	92,556.90	7,128.48
	ANSWERING SERVICE					
000031	INC.	7100-000	NA	349.29	349.29	26.90

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000055	APEX HEALTH SOLUTIONS	7100-000	NA	102.59	102.59	7.90
000059	BAINBRIDGE CENTER PARTNERS LLC	7100-000	NA	5,017.00	5,017.00	386.40
000026	BDO USA, LLP	7100-000	NA	5,760.00	5,760.00	443.62
000006	BELAIR INSTRUMENT COMPANY LLC	7100-000	NA	2,208.54	2,208.54	170.10
000056	CHAGRIN ANSWERING SERVICE	7100-000	NA	9,214.60	9,214.60	709.68
000053	DIANA L. BALA, MA, LPCC-S, NCC	7100-000	NA	285.98	285.98	22.03
000042	DISTILLATA COMPANY, THE	7100-000	NA	332.53	332.53	25.61
000043	DISTILLATA COMPANY, THE	7100-000	NA	212.99	212.99	16.40
000021	EASTON TELECOM SERVICES, LLC	7100-000	NA	13,586.33	13,586.33	1,046.38
000029	ENVIRONMENT CONTROL	7100-000	NA	507.06	507.06	0.00
000054B	ERIC BAUD	7100-000	NA	64,074.24	64,074.24	4,934.82
000061A	ESTATE OF WILLIAM S. LYNCH, M.D.	7100-000	NA	3,247,574.45	0.00	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID	
000019B	GARY D. LICHTEN, MD	7100-000	NA	74,167.20	74,167.20	5,712.15	
000036	GUARDIAN LIFE INSURANCE COMPANY	7100-000	NA	999.26	999.26	76.96	
000040	ILLUMINATING COMPANY	7100-000	NA	812.89	812.89	62.61	
000030B	INTERNAL REVENUE SERVICE	7100-000	NA	300.00	300.00	23.11	
000034	JOHN R. MELODY	7100-000	NA	1,704.33	1,704.33	131.26	
000046	JOHN R. MELODY	7100-000	NA	1,704.33	0.00	0.00	
000065	KOOKEN, ANN	7100-000	NA	119,990.26	85,367.26	6,574.75	
000024	LAKE BUSINESS PRODUCTS, INC.	7100-000	NA	161.19	161.19	12.41	
000047	LEICA MICROSYSTEMS INC.	7100-000	NA	3,116.84	3,116.84	240.05	
000052	MCKESSON MEDICAL SURGICAL, INC.	7100-000	NA	26,881.47	26,881.47	2,070.34	
000035	MCKESSON SPECIALTY CARE DISTRIBUTIO	7100-000	NA	8,883.52	8,883.52	684.18	
000023	MEDIC MANAGEMENT GROUP, LLC	7100-000	NA	30,044.37	30,044.37	2,313.93	

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000067	MENTOR MEDICAL CAMPUS PHYSICIAN BUI	7100-000	NA	28,022.34	28,022.34	2,158.20
000064	MOOSALLY, ALLISON	7100-000	NA	455,827.16	352,022.16	27,111.77
000049	OHIO CRYOGENIC SERVICES	7100-000	NA	4,113.50	4,113.50	316.81
000058	OWNER'S MANAGEMENT	7100-000	NA	5,930.00	5,930.00	456.71
000028	PARMA REAL ESTATE PARTNERS	7100-000	NA	12,394.97	12,394.97	954.63
000027	POLY SCIENTIFIC R&D CORP.	7100-000	NA	516.65	516.65	39.79
000025	PORATH PRINT SOURCE	7100-000	NA	3,327.02	3,327.02	256.24
000057	SUMMACARE INC.	7100-000	NA	629.13	629.13	48.45
000009	TOP DAWG GROUP LLC	7100-000	NA	4,839.26	0.00	0.00
000022	TOP DAWG GROUP LLC	7100-000	NA	4,738.36	4,738.36	364.94
000008	UNIVERSITY SUBURBAN REAL ESTATE, LT	7100-000	NA	55,432.41	55,432.41	4,269.25
000012	WEST NOTIFICATIONS, INC.	7100-000	NA	5,989.46	5,989.46	461.29
000063	WOODHOUSE, JUSTIN	7100-000	NA	432,494.77	333,497.77	25,685.07

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000032B	ZAIM, TARIF	7100-000	NA	1,711,560.12	1,711,560.12	131,819.60
	CLERK, U.S. BANKRUPTCY COURT	7100-001	NA	0.00	39.05	39.05
000044	DISTILLATA COMPANY, THE	7100-001	NA	57.40	57.40	4.42
000045	DISTILLATA COMPANY, THE	7100-001	NA	9.25	9.25	0.71
000038	MEDI-SCRIPTS	7100-001	NA	59.99	59.99	4.62
000062B	OHIO BUREAU OF WORKERS' COMPENSATIO	7100-001	NA	15.00	15.00	1.16
000070	CENTERS FOR MEDICARE & MEDICAID SER	7200-000	NA	2,298.73	2,298.73	0.00
000069	FIDELITY VOICE SERVICES, LLC	7200-000	NA	8,129.26	8,129.26	0.00
000071	SLMP LLC	7200-000	NA	1,308.82	1,308.82	0.00
TOTAL GEI CLAIMS	NERAL UNSECURED		\$ NA	\$ 6,470,050.78	\$ 2,978,546.79	\$ 228,492.45

FORM 1 INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT ASSET CASES

Page: 1
Exhibit 8

Case No: 15-11415 AIH Judge: ARTHUR I. HARRIS

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

For Period Ending: 02/19/19

Trustee Name: DAVID O. SIMON, TRUSTEE

 Date Filed (f) or Converted (c):
 03/18/15 (f)

 341(a) Meeting Date:
 04/20/15

 Claims Bar Date:
 08/13/15

-		I	I		
1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. Cash on Hand	0.00	1.00		543.21	FA
2. Key Bank account	42,946.96	42,949.96		42,949.96	FA
3. Security Deposits	0.00	0.00		0.00	FA
4. Accounts Receivable	1,577,513.15	1,577,513.15		762,858.70	FA
5. Receivable from the Estate of Dr. William Lynch	1,000,000.00	1.00		0.00	FA
6. Miscellaneous judgment liens against patients	Unknown	0.00		0.00	FA
7. Customer list (patient information)	Unknown	0.00		0.00	FA
8. Office Equipment	0.00	0.00		0.00	FA
9. Machinery and Fixtures	327,041.39	87,501.00		87,501.00	FA
10. Refund of insurance premiums (u)	0.00	272.47		272.47	FA
11. Tax Refund - 2014 (u)	0.00	18,234.88		18,234.88	FA
12. American Express refund (u)	0.00	82.68		82.68	FA
13. Liability Insurance Refund (u)	0.00	2,818.00		22,057.00	FA
14. Medical Records Charges (u)	0.00	48.00		48.00	FA
15. Rebate (u)	0.00	254.65		254.65	FA
16. Refund of retainer from Frantz Ward (u)	0.00	12,768.75		12,768.75	FA
17. Refund of fees from Heartland Payment (u)	0.00	1,671.40		1,715.54	FA
18. Refund of unemployment taxes (u)	0.00	68.87		68.87	FA
19. Unclaimed funds claim (u)	0.00	567.67		567.67	FA
20. Fradulent transfer claims (u)	0.00	1.00		0.00	FA
21. Kooken preference payment (u)	0.00	23,503.00		0.00	FA
22. Moosally preference (u)	0.00	40,488.00		0.00	FA
23. Woodhouse preference (u)	0.00	75,173.00		0.00	FA
24. Tax refund - 2015 (u)	0.00	2,190.73		2,190.73	FA
25. REMNANT ASSETS (u)	5,000.00	5,000.00		5,000.00	FA
26. Tax Refund -2015 (u)	24,223.00	24,223.00		24,223.00	FA
4		•	1		

FORM 1 INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT ASSET CASES

Page: 2
Exhibit 8

Case No: 15-11415 AIH Judge: ARTHUR I. HARRIS

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Trustee Name: DAVID O. SIMON, TRUSTEE

Date Filed (f) or Converted (c): 03/18/15 (f) 341(a) Meeting Date: 04/20/15 Claims Bar Date: 08/13/15

Asset Description (Scheduled and Unscheduled (u) Property) Estimated Net Value (Value Determined by Trustee, Value Determined by Trustee, Less Liens, Exemptions, and Other Costs) Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs) Asset Fully Administered (FA)/ Gross Value of Remaining Assets Asset Fully Administered (FA)/ Gross Value of Remaining Assets	1	2	3	4	5	6
	1	Unscheduled	(Value Determined by Trustee, Less Liens, Exemptions,	Abandoned	Received by	Asset Fully Administered (FA)/ Gross Value of Remaining Assets

Gross Value of Remaining Assets

TOTALS (Excluding Unknown Values)

\$2,976,724.50

\$1,915,332.21

\$981,337.11

\$0.00

(Total Dollar Amount in Column 6)

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

RE PROP# 4---The debtor's accounts receivable were scheduled at book value, which substantially inflated the actual collectible amount. There were no credits applied for insurance discounts, unapproved services and the like. There was no bad debt reseerve. The amount reflected as receipts represents the total amount of accounts receivable collected as a result of reasonable diligence by the trustee.

RE PROP# 5---Claim waived as part of the compromise with the Lynch Estate. See Order 8/2/17

RE PROP# 7---Transferred with machinery and fixtures

RE PROP# 8---Sold with machinery and fixtures

RE PROP# 20---Debtor paid for personal purchases of William Lynch. Seeking recovery from initial transferre for those payments. Investigating the different lenders who received payment. Investigation is ongoing. Legal resesarch indicates this will not be recoverable.

RE PROP# 21---Compromised; see order 1/10/18

RE PROP# 22---Compromised; see order 1/10/18

RE PROP# 23---Compromised; see order 1/10/18

RE PROP# 25---This asset is described as unscheduled because the nature is unknown. The category represents any known or unknown unadministered asset of any kind or type.

RE PROP# 26---This is a refund generated as a result of an amendment to the Estate's 2015 federal income tax return after the court-approved interim distribution.

Ver: 21.00a

FORM 1

INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT ASSET CASES

Page: 3
Exhibit 8

Case No: 15-11415 AIH Judge: ARTHUR I. HARRIS

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Trustee Name: DAVID O. SIMON, TRUSTEE

Date Filed (f) or Converted (c): 03/18/15 (f)

341(a) Meeting Date: 04/20/15 Claims Bar Date: 08/13/15

Initial Projected Date of Final Report (TFR): 12/31/16 Current Projected Date of Final Report (TFR): 08/31/18

/s/ DAVID O. SIMON, TRUSTEE

Date: 02/19/19

DAVID O. SIMON, TRUSTEE

Ver: 21.00a

Page: 1 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

******6468 Checking Account

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

Trustee Name:

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
			BALANCE FORWARD				0.00
07/27/17	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	647.29		647.29
07/28/17		BANK OF KANSAS CITY	TRANSFER FROM PREDECESSOR TRUSTEE	9999-002	342,105.81		342,753.10
07/31/17		BOK Financial	BANK SERVICE FEE	2600-000		65.60	342,687.50
08/25/17	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	145.02		342,832.52
08/31/17		BOK Financial	BANK SERVICE FEE	2600-000		509.34	342,323.18
09/29/17		BOK Financial	BANK SERVICE FEE	2600-000		492.38	341,830.80
10/02/17	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	75.36		341,906.16
10/19/17	4	CRAIG SHOPNECK, CHAPTER 13 TRUSTEE ESTATE OF SPIVEY, 14-12543	ACCOUNTS RECEIVABLE	1121-000	11.32		341,917.48
10/30/17	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	449.16		342,366.64
10/31/17		BOK Financial	BANK SERVICE FEE	2600-000		508.16	341,858.48
11/27/17	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	380.37		342,238.85
11/30/17		BOK Financial	BANK SERVICE FEE	2600-000		491.70	341,747.15
12/29/17		BOK Financial	BANK SERVICE FEE	2600-000		507.93	341,239.22
01/02/18	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	174.19		341,413.41
01/04/18	001000	INSURANCE PARTNERS AGENCY	BLANKET BOND RENEWAL	2300-000		118.47	341,294.94
			BLANKET BOND RENEWAL				
01/26/18	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	19.50		341,314.44
01/31/18		BOK Financial	BANK SERVICE FEE	2600-000		507.31	340,807.13
02/26/18	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	155.94		340,963.07
02/28/18		BOK Financial	BANK SERVICE FEE	2600-000		457.52	340,505.55
03/28/18	17	HEARTLAND	SETTLEMENT	1229-000	44.14		340,549.69
03/28/18	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	467.83		341,017.52
03/30/18		BOK Financial	BANK SERVICE FEE	2600-000		506.09	340,511.43
04/26/18	4	FIRST FEDERAL CREDIT CONTROL	ACCOUNTS RECEIVABLE	1121-000	491.27		341,002.70
			ANY REMAINING BALANCES SOLD TO OPK POINT PARTNERS AS PART OF REMNANT SALE				

Page Subtotals 345,167.20 4,164.50

Page: 2
Exhibit 9

Ver: 21.00a

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******6468 Checking Account

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
04/30/18		BOK Financial	BANK SERVICE FEE	2600-000		489.83	340,512.87
05/09/18	25	OAK POINT PARTNERS	SALE OF REMNANT ASSETS	1229-000	5,000.00		345,512.87
05/21/18	26	IRS	TAX REFUND	1224-000	24,223.00		369,735.87
05/31/18		BOK Financial	BANK SERVICE FEE	2600-000		522.70	369,213.17
06/29/18		BOK Financial	BANK SERVICE FEE	2600-000		531.06	368,682.11
09/26/18	001001	David O. Simon	Chapter 7 Compensation/Fees	2100-000		8,103.89	360,578.22
		55 Public Square, Suite 2100 Cleveland, OH 44113					
09/26/18	001002	David O. Simon 55 Public Square, Suite 2100	Chapter 7 Expenses	2200-000		418.35	360,159.87
		Cleveland, OH 44113					
09/26/18	001003	BRIAN R. GREENE	ACCOUNTANT FEES	3410-000		23,318.75	336,841.12
		Colagiovanni & Greene 7840 Mayfield Road Chesterland, OH 44026					
09/26/18	001004	Clerk, U.S. Bankruptcy Court Howard M. Metzenbaum Courthouse 201 Superior Avenue, 1st FL Cleveland, OH 44114-1235	Adv. Filing Fee #17-1028; 17-1029; 17-1030	2700-000		1,050.00	335,791.12
09/26/18	001005	Frederic P. Schweig, Esq. 2705 Gibson Drive Rocky River, OH 44116-3008	TRUSTEE ATTORNEY EXPENSES	3220-000		406.81	335,384.31
09/26/18	001006	Frederic P. Schweig, Esq. 2705 Gibson Drive Rocky River, OH 44116-3008	TRUSTEE ATTORNEY FEES	3210-000		41,460.00	293,924.31
09/26/18	001007	Amy Kassouf, M.D. c/o Rachel L. Steinlage, Esq. 28601 Chagrin Boulevard, Suite 500 Cleveland, Ohio 44122	Claim 000013A, Payment 100.00000%	5300-000		12,475.00	281,449.31

Page Subtotals 29,223.00 88,776.39

Page: 3
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******6468 Checking Account

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
09/26/18	001008	Gary D. Lichten, M.D. 3789 Mapleleaf Hill Akron, OH 44333	Claim 000019A, Payment 100.00000%	5300-000		12,475.00	268,974.31
09/26/18	001009	Lori Ann Muller-Zaim, Trustee 6 Deerfield Dr Chagrin Falls, OH 44022	Claim 000032A, Payment 100.00000%	5300-000		12,475.00	256,499.31
09/26/18	001010	Eric Baud 2248 Coventry Rd.	Claim 000054A, Payment 100.00000%	5300-000		12,475.00	244,024.31
09/26/18	001011	Cleveland Hts., OH 44118 Barry C. Lamkin, MD 3533 Scotswood Circle	Claim 000060, Payment 100.00000%	5300-000		3,774.67	240,249.64
09/26/18	001012	Richfield OH 44286 INTERNAL REVENUE SERVICE P O BOX 7317	Claim 000030A, Payment 100.00000%	5800-000		500.00	239,749.64
09/26/18	001013	PHILADELPHIA, PA 19101-7317 CITY OF PARMA DIVISION OF TAXATION 6611 RIDGE RD.	Claim 000041, Payment 100.00000%	5800-000		440.90	239,308.74
09/26/18	001014	PARMA, OHIO 44129 Ohio Bureau of Workers' Compensation Attn: Law Section Bankr Unit P.O. Box 15567	Claim 000062A, Payment 100.00000%	5800-000		10,755.22	228,553.52
09/26/18	001015	Columbus OH 43215-0567 Regional Income Tax Agency Attn Legal Dept PO Box 470537	Claim 000072, Payment 100.00000%	5800-000		61.07	228,492.45
09/26/18	001016	Broadview Hts, Ohio 44147 Belair Instrument Company LLC 36 Commerce Street Springfield, NJ 07081	Claim 000006, Payment 7.70192%	7100-000		170.10	228,322.35

Page Subtotals 0.00 53,126.96

Page: 4 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name:

BOK Financial

******6468 Checking Account Account Number / CD #:

DAVID O. SIMON, TRUSTEE

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
09/26/18	001017	University Suburban Real Estate	Claim 000008, Payment 7.70172%	7100-000		4,269.25	224,053.10
		UniversitySuburban Health Ctr					
		ATTN: Gregory McCarthy					
		1611 S. Green Road, Ste. A61					
		South Euclid OH 44121					
09/26/18	001018	West Notifications, Inc.	Claim 000012, Payment 7.70170%	7100-000		461.29	223,591.81
		dba Televox Software					
		Att: Melody Lohr					
		11808 Miracle Hills Dr., Fl 3					
		Omaha, NE 68154					
09/26/18	001019	Amy Kassouf, MD	Claim 000013B, Payment 7.70173%	7100-000		7,128.48	216,463.33
		c/o Rachel L. Steinlage, Esq.					
		28601 Chagrin Blvd., Suite 500					
		Cleveland, OH 44122					
09/26/18	001020	Gary D. Lichten, M.D.	Claim 000019B, Payment 7.70172%	7100-000		5,712.15	210,751.18
		3789 Mapleleaf Hill					
		Akrin, OH 44333					
09/26/18	001021	Easton Telecom Services, LLC	Claim 000021, Payment 7.70171%	7100-000		1,046.38	209,704.80
		3046 Brecksville Rd, Summit A					
		Richfield, OH 44286					
09/26/18	001022	Top Dawg Group LLC	Claim 000022, Payment 7.70182%	7100-000		364.94	209,339.86
		220 Eastview Dr., Ste 103					
		Brooklyn Heights OH 44131					
09/26/18	001023	Medic Management Group, LLC	Claim 000023, Payment 7.70171%	7100-000		2,313.93	207,025.93
		Attn: Sarah Scroggins					
		275 Springside Drive					
		Akron, OH 44333					
09/26/18	001024	Lake Business Products, Inc.	Claim 000024, Payment 7.69899%	7100-000		12.41	207,013.52
		37200 Research Drive					
		Eastlake OH 44095					

Page Subtotals 0.00 21,308.83

Page: 5
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name:
Account Number / CD #:

Trustee Name:

BOK Financial

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

******6468 Checking Account

Taxpayer ID No: ******7177

For Period Ending: 02/19/19

Blanket Bond (per case limit): Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform	Democita (\$)	Disbursements (\$)	Account / CD Balance (\$)
-			•	Tran. Code	Deposits (\$)	` ′	` ′
09/26/18	001025	Porath Print Source	Claim 000025, Payment 7.70179%	7100-000		256.24	206,757.28
		21000 Miles Pkwy					
		Cleveland OH 44128					
09/26/18	001026	BDO USA, LLP	Claim 000026, Payment 7.70174%	7100-000		443.62	206,313.66
		Attn: Laurence Goldberg					
		4135 Mendenhall Oaks Parkway, Ste. #140					
		High Point, NC 27265-8143					
09/26/18	001027	Poly Scientific R&D Corp.	Claim 000027, Payment 7.70154%	7100-000		39.79	206,273.87
		70 Cleveland Avenue					
		Bay Shore NY 11706					
09/26/18	001028	Parma Real Estate Partners	Claim 000028, Payment 7.70175%	7100-000		954.63	205,319.24
		PO Box 470473					
		Broadview Heights, OH 44147					
* 09/26/18	001029	Environment Control	Claim 000029, Payment 7.70126%	7100-000		39.05	205,280.19
		1897 East Aurora Road					
		Twinsburg OH 44087					
09/26/18	001030	INTERNAL REVENUE SERVICE	Claim 000030B, Payment 7.70333%	7100-000		23.11	205,257.08
		P O BOX 7317					
		PHILADELPHIA, PA 19101-7317					
09/26/18	001031	Answering Service Inc.	Claim 000031, Payment 7.70134%	7100-000		26.90	205,230.18
		5767 Mayfield Road					
		Mayfield Heights OH 44124					
09/26/18	001032	Lori Ann Muller-Zaim, Trustee	Claim 000032B, Payment 7.70172%	7100-000		131,819.60	73,410.58
		6 Deerfield Dr	-				
		Chagrin Falls OH 44022					
09/26/18	001033	Akron General Medical Center	Claim 000033, Payment 7.70172%	7100-000		1,679.67	71,730.91
		c/o Christopher J. Niekamp				ŕ	·
		23 S. Main Street, Third Floor					
		Akron, Ohio 44308					
09/26/18	001034	John R. Melody	Claim 000034, Payment 7.70156%	7100-000		131.26	71,599.65

Page Subtotals 0.00 135,413.87

Page: 6
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #: *

Trustee Name:

******6468 Checking Account

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2

\$ 2,000,000.00

Separate Bond (if applicable):

Paid To / Received From Maywood Rd Euclid OH 44121	Description Of Transaction	Uniform Tran. Code			1 / 05
Euclid OH 44121			Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
sson Specialty Care Distribution (ason Rd	Claim 000035, Payment 7.70168%	7100-000		684.18	70,915.47
ian Life Insurance Company ox 26030	Claim 000036, Payment 7.70170%	7100-000		76.96	70,838.51
n Valley PA 18002 nating Company	Claim 000040, Payment 7.70215%	7100-000		62.61	70,775.90
Fairmont Ave ont, WV 26554					
ata Company, The East 24th Street	Claim 000042, Payment 7.70156%	7100-000		25.61	70,750.29
land OH 44114 ata Company, The East 24th Street land OH 44114	Claim 000043, Payment 7.69989%	7100-000		16.40	70,733.89
Microsystems Inc. Dept Judy Whiting Leider Lane	Claim 000047, Payment 7.70171%	7100-000		240.05	70,493.84
o Grove, IL 60089 Cryogenic Services	Claim 000049, Payment 7.70171%	7100-000		316.81	70,177.03
Killian Rd town OH 44685	Claim 000052 Payment 7 701749/	7100 000		2 070 24	69 106 60
ESSON MEDICAL SURGICAL, INC. BOX 933027 INTA, GA 23228	Ciaiiii 000032, Payment 7.70174%	/100-000		2,070.34	68,106.69
L. Bala, MA, LPCC-S, NCC erguson Drive	Claim 000053, Payment 7.70334%	7100-000		22.03	68,084.66
ES BC N L	SSON MEDICAL SURGICAL, INC. DX 933027 TA, GA 23228 . Bala, MA, LPCC-S, NCC	Claim 000052, Payment 7.70174% OX 933027 ITA, GA 23228 Bala, MA, LPCC-S, NCC guson Drive Claim 000053, Payment 7.70334%	SSON MEDICAL SURGICAL, INC. OX 933027 ITA, GA 23228 . Bala, MA, LPCC-S, NCC guson Drive Claim 000052, Payment 7.70174% 7100-000 7100-000 7100-000	SSON MEDICAL SURGICAL, INC. OX 933027 ITA, GA 23228 . Bala, MA, LPCC-S, NCC guson Drive Claim 000052, Payment 7.70174% 7100-000 7100-000 7100-000	SSON MEDICAL SURGICAL, INC. OX 933027 ITA, GA 23228 . Bala, MA, LPCC-S, NCC guson Drive Claim 000052, Payment 7.70174% 7100-000 2,070.34 7100-000 2,070.34 7100-000 22.03

Page Subtotals 0.00 3,514.99

Ver: 21.00a

Page: 7 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

******6468 Checking Account Account Number / CD #:

DAVID O. SIMON, TRUSTEE

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform	Dit-(6)	Dish	Account / CD
Date			Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
09/26/18	001044	Eric Baud	Claim 000054B, Payment 7.70172%	7100-000		4,934.82	63,149.84
		2248 Coventry Road					
		Cleveland Hts., OH 44118					
09/26/18	001045	Apex Health Solutions	Claim 000055, Payment 7.70056%	7100-000		7.90	63,141.94
		P.O. Box 75512					
		Cleveland, OH 44101					
09/26/18	001046	Chagrin Answering Service	Claim 000056, Payment 7.70169%	7100-000		709.68	62,432.26
		5241 Wilson Mills Rd., Ste 25					
		Richmond Heights OH 44143					
09/26/18	001047	SummaCare Inc.	Claim 000057, Payment 7.70111%	7100-000		48.45	62,383.81
		Attn: Legal Dept.					
		P.O. Box 3620					
		Akron, OH 44309					
09/26/18	001048	Owner's Management	Claim 000058, Payment 7.70169%	7100-000		456.71	61,927.10
		S. Andolsen, Manager					
		25250 Rockside Road					
		Bedford Heights OH 44146					
09/26/18	001049	Bainbridge Center Partners LLC	Claim 000059, Payment 7.70181%	7100-000		386.40	61,540.70
		Attn: Lawrence H. Oswick					
		17747 Chillicothe Road, Suite 201					
		Chagrin Falls OH 44023					
09/26/18	001050	Woodhouse, Justin	Claim 000063, Payment 7.70172%	7100-000		25,685.07	35,855.63
		1020 Hillcreek Lane					
		Gates Mills OH 44040					
09/26/18	001051	Moosally, Allison	Claim 000064, Payment 7.70172%	7100-000		27,111.77	8,743.86
		1020 Hillcreek Lane	•			·	·
		Gates Mills OH 44040		1			
09/26/18	001052	Kooken, Ann	Claim 000065, Payment 7.70172%	7100-000		6,574.75	2,169.11
		37775 Flanders Drive	, .,			.,	, .,
		Solon OH 44139		1			

Page Subtotals 0.00 65,915.55

FORM 2

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Page: 8
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******6468 Checking Account

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From		Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
09/26/18	001053	Mentor Medical Campus Physician	Claim 000067, Payment 7.70171%	7100-000		2,158.20	10.91
		Building LLC					
		c/o COOPER & FORBES CO., LPA					
		166 Main Street					
1		Painesville, OH 44077					
09/26/18	001054	UNITED STATES BANKRUPTCY COURT	REMITTED TO COURT			10.91	0.00
		HOWARD M METZENBAUM	DIVIDENDS REMITTED TO THE COURT				
		US COURTHOUSE	ITEM# CLAIM# DIVIDEND				
		201 SUPERIOR AVENUE	=				
		CLEVELAND, OH 44114					
I			38 000038 4.62	7100-001			
I			44 000044 4.42	7100-001			
I			45 000045 0.71	7100-001			
1			93 000062B 1.16	7100-001			
* 01/08/19	001029	Environment Control	Stop Payment Reversal	7100-000		-39.05	39.05
		1897 East Aurora Road	STOP PAYMENT				
1		Twinsburg OH 44087					
01/10/19	001055	CLERK U.S. BANKRUPTCY COURT	UNCLAIMED FUNDS	7100-001		39.05	0.00

COLUMN TOTALS	374,390.20	374,390.20	0.00
Less: Bank Transfers/CD's	342,105.81	0.00	
Subtotal	32,284.39	374,390.20	
Less: Payments to Debtors		0.00	
Net	32,284.39	374,390.20	

Page Subtotals 0.00 2,169.11

Page: 9
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
			BALANCE FORWARD				0.00
03/31/15	4	United Food & Commercial Workers	Account(s) Receivable(s)	1121-000	39.95		39.95
			Member: Amber L. Adolph-Reeves				
			Patient ID Number 532815UNIV				
			Claim number 1200402-01				
03/31/15	4	United Food & Commercial Workers	Account(s) Receivable(s)	1121-000	39.95		79.90
			Member: Amber L. Adolph-Reeves				
			Patient ID Number 532818UNIV				
			Claim number 1200401-01				
03/31/15	4	Optum Bank	Account(s) Receivable(s)	1121-000	133.48		213.38
			John R. Clague				
			524305				
03/31/15	10	Northwestern Mutual	Account(s) Receivable(s)	1229-000	109.70		323.08
			Closing refund				
			Insurance Service Account				
			Account number 1757330				
03/31/15	10	Northwestern Mutual	Account(s) Receivable(s)	1229-000	83.24		406.32
			Closing refund				
			Insurance Service Account				
			Account number 1557461				
03/31/15	4	Joseph M. Vayda	Account(s) Receivable(s)	1121-000	155.47		561.79
		140 Grey Fos Run	Account Number 533078				
		Chagrin Falls, OH 44022					
03/31/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		586.79
		686 Mesa Verde Drive	Account Number 132961				
		Barberton, OH 44203					
03/31/15	4	Julia and Thomas Euclide	Account(s) Receivable(s)	1121-000	35.00		621.79
		5241 Rootstown Road	Shedleski				
		Ravenna, OH 44266	#530155				
03/31/15	4	Julia R. Burton	Account(s) Receivable(s)	1121-000	35.00		656.79

Page Subtotals 656.79

0.00

Page: 10 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Trustee Name:

Bank Name:

DAVID O. SIMON, TRUSTEE

Account Number / CD #:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

BOK Financial

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		1134 Meadowlawn Drive	419-502-8492				
		Sandusky, OH 44870					
03/31/15	4	Corey and Jacquelyn Roberts	Account(s) Receivable(s)	1121-000	50.00		706.79
		6700 Farnsworth Drive	Check number 1682				
		Parma, OH 4429					
03/31/15	4	Sarah E. Halstead	Account(s) Receivable(s)	1121-000	200.00		906.79
		20127 Bonnie Bank Blvd.	Check number 1517				
		Rocky River, OH 44116					
03/31/15	4	C.A. Yaroma	Account(s) Receivable(s)	1121-000	45.00		951.79
		J.M. Yaroma	440-734-0393				
		4583 Parkedge Drive					
		Fairview Park, OH 44126					
03/31/15	4	Leonard Galvin	Account(s) Receivable(s)	1121-000	30.00		981.79
		23943 Noreen Drive	Со-рау				
		North Olmsted, OH 44070					
03/31/15	11	United States Treasury	tax refund	1121-000	12,937.24		13,919.03
			Overpayment of taxes (941)				
03/31/15	1	University Dermatologists, Inc.	Petty cash	1129-000	513.29		14,432.32
04/01/15	4	Therese E. Lemon	Account(s) Receivable(s)	1121-000	133.08		14,565.40
		120 Clinton Avenue	Account number 501420				
		Akron, OH 44301					
04/01/15	4	Robert Clemente	Account(s) Receivable(s)	1121-000	90.00		14,655.40
		8745 Arborhurst Lane	Account number 74841				
		Kirtland, OH 44094					
04/06/15	2, 4	Key Bank	Account(s) Receivable(s)	1121-000	352,678.14		367,333.54
04/06/15	010001	Twin Towers SPE LLC	change locks at Westlake	2420-000		144.10	367,189.44
		2001 Crocker Road #420					
		Westlake, OH 44145					
04/07/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		367,214.44
		686 Mesa Verde Drive	Account number 132961				

Page Subtotals 366,701.75 144.10

Ver: 21.00a

Page: 11
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name:

Trustee Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

******4864 Checking

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Barberton, OH 44203					
04/07/15	10	Pacific Life	Insurance premium refund	1229-000	79.53		367,293.97
			Proposed insured: Tricia Riemenschneider				
			Policy number: VF80367170				
04/10/15	4	Cathy J. Gager	Account(s) Receivable(s)	1121-000	10.00		367,303.97
		Robert J. Gager	Account number 527016				
		555 Oak Hollow Drive					
		Madison, OH 44057					
04/10/15	4	The J.P. Farley Corporation	Account(s) Receivable(s)	1121-000	13.84		367,317.81
		Gould Electronics	Group number 9535000				
		P.O. Box 458022					
		Westlake, OH 44145					
04/13/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	50.00		367,367.81
		P.O. Box 374	Account number 520579				
		Conneaut, OH 44030	Account balance \$2,030				
04/13/15	4	Kenneth R. Schultz	Account(s) Receivable(s)	1121-000	2,798.98		370,166.79
		1591 South Green Rd.	Account number 104154				
		South Euclid, OH 44121	paid in full				
		330-603-3624					
04/13/15	4	Sharon J. Spencer	Account(s) Receivable(s)	1121-000	20.54		370,187.33
		12310 Tuscora Avenue	Account number 503201				
		Cleveland, OH 44108					
04/15/15	1	UNIVERSITY DERMATOLOGISTS, INC.,	petty cash	1129-000	29.92		370,217.25
		1611 S. GREEN ROAD, SUITE 146					
		SOUTH EUCLID, OH 44121					
04/15/15	4	Eric J. Jones	Account(s) Receivable(s)	1121-000	285.95		370,503.20
		743 Frank Blvd.	Account number 118907				
		Akron, OH 44320-1021					
04/16/15	4	Key Bank	Account(s) Receivable(s)	1121-000	85,000.00		455,503.20
04/16/15	4	Joseph A. Crawford	Account(s) Receivable(s)	1121-000	147.00		455,650.20

Page Subtotals 88,435.76 0.00

Page: 12 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

Trustee Name:

DAVID O. SIMON, TRUSTEE

Account Number / CD #:

BOK Financial ******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00 Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		6770 Rivercrest Drive	Account number 509016				
		Brecksville, OH 44141					
04/16/15	010002	InfoShred.Net	Bainbridge Storage locker	2990-000		99.70	455,550.50
		23800 Corbin Drive					
		Cleveland, OH 44128					
04/17/15	4	First Federal Credit Control, Inc.	Account(s) Receivable(s)	1121-000	724.24		456,274.74
		24700 Chagrin Blvd., #205	21620 Re-issue 3/25/15				
		Beachwood, OH 44122					
		216-360-2000					
04/17/15	4	Clara V. Starks	Account(s) Receivable(s)	1121-000	165.03		456,439.77
		Bobby W. Starks	Account number 125135				
		2106 W. Nimisila Road					
		New Franklin, OH 44216					
04/17/15	4	Clara V. Starks	Account(s) Receivable(s)	1121-000	83.60		456,523.37
		Bobby W. Starks	Account number 79990				
		2106 W. Nimisila Road					
		New Franklin, OH 44216					
04/17/15	4	Sara K. Brokaw	Account(s) Receivable(s)	1121-000	175.05		456,698.42
		2709 Hinde Avenue	Account number 533811				
		Sandusky, OH 44870					
04/21/15	4	Kathryn T. Joseph	Account(s) Receivable(s)	1121-000	164.88		456,863.30
		3684 Stoer Road	Account number 55673				
		Shaker Hts., OH 44122					
04/21/15	9	Dr. Baud	SALE OF BUSINESS	1129-000	15,000.00		471,863.30
			Payment for asset numbers 7, 8 and 9 per Agreed				
			Order				
04/21/15	9	Dr. Ann Kooken	SALE OF BUSINESS	1129-000	14,166.67		486,029.97
			Payment for asset numbers 7, 8 and 9 per Agreed				
			Order				
04/21/15	9	Warren Dermatology and	SALE OF BUSINESS	1129-000	15,000.00		501,029.97

Page Subtotals 45,479.47 99.70

Page: 13 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

DAVID O. SIMON, TRUSTEE

Account Number / CD #: ******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		Allergy Management Corp.	Payment for asset numbers 7, 8 and 9 per Agreed Order				
04/21/15	9	Dr. Woodhouse	SALE OF BUSINESS	1129-000	28,333.33		529,363.30
			Payment for asset numbers 7, 8 and 9 per Agreed				
			Order				
04/21/15	9	Warren Dermatology and	SALE OF BUSINESS	1129-000	2,143.00		531,506.30
		Allergy Management Corp.	Payment for asset numbers 7, 8 and 9 per Agreed				
			Order				
04/21/15	010003	Direct Capital Corporation		4210-000		56,000.00	475,506.30
04/21/15	010004	Keystone Technology Consultants		4210-000		3,500.00	472,006.30
04/22/15	010005	West Coast Dermatology Billers		3991-000		47,709.75	424,296.55
04/23/15	12	American Express	refund	1229-000	62.68		424,359.23
04/27/15	010006	Kathy Hitchcock	records processing	2990-000		128.00	424,231.23
04/27/15	010007	University Suburban Health Center		2420-000		979.17	423,252.06
		1611 S. Gren Rd., Ste. A61					
		South Euclid, OH 44121					
04/28/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	1,115.07		424,367.13
			4/1/15 through 4/24/15 accounts paid				
			Account number 21620-1				
04/28/15	4	Kimberly Sarver	Account(s) Receivable(s)	1121-000	35.00		424,402.13
		7209 Grovedell St., SE	Account number 529734				
		Waynesburg, OH 44688					
04/28/15	4	Irwin B. Jacobs	Account(s) Receivable(s)	1121-000	149.93		424,552.06
		125 Greentree Road	Account number 533990				
		Chagrin Falls, OH 44022					
04/30/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		521.01	424,031.05
05/05/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		424,056.05
		686 Mesa Verde Drive	Account number 132961				
		Barberton, OH 44203					

Page Subtotals 31,864.01 108,837.93

Page: 14
Exhibit 9

Case No: 15-11415 -AIH

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
05/05/15	4	Matthew D. Clemens	Account(s) Receivable(s)	1121-000	1,000.00		425,056.05
		31699 Trilluim Trail	Account number 533175				
		Pepper Pike, OH 44124					
05/05/15	4	John R. Clague	Account(s) Receivable(s)	1121-000	133.48		425,189.53
			Account number 524305				
05/05/15	4	Mark H. Dennis	Account(s) Receivable(s)	1121-000	43.69		425,233.22
		Tereasa A. Dennis	Patient name: Mary K. Williams				
		566 High Grove Blvd.	Account number 531770				
		Akron, OH 44312					
05/05/15	4	Elizabeth Tone	Account(s) Receivable(s)	1121-000	50.00		425,283.22
		16511 Jordan Gardner Oval	Account number 7919				
		Chagrin Falls, OH 44023					
05/05/15	4	Susan L. Pezzotti	Account(s) Receivable(s)	1121-000	69.15		425,352.37
		3893 Golden Wood Way	Account number 509397				
		Uniontown, OH 44685					
05/05/15	010008	Bk Attorney Services LLC	patient notice	2990-000		30,651.26	394,701.11
05/05/15	010009	West Coast Dermatology Billers	April 2015	2990-000		15,209.73	379,491.3
05/06/15	010010	Kathy Hitchcock	records processing	2990-000		128.00	379,363.38
		5777 Som Center Rd.					
		Willoughby, OH 44094					
05/07/15	4	Key Bank	Account(s) Receivable(s)	1121-000	93,000.00		472,363.3
05/07/15	4	Thomas Sovich	Account(s) Receivable(s)	1121-000	95.76		472,459.14
			Account number 519691				
05/07/15	4	Donald R. Schermer, M.D.	Account(s) Receivable(s)	1121-000	86.09		472,545.23
		Steven J. Taub, M.D.	For December, 2014 and January, 2015				
05/12/15	010011	Keystone Technology Consultants		2990-000		350.00	472,195.23
05/12/15	010012	Keystone Technology Consultants		2990-000		3,500.00	468,695.23
05/14/15	4	D Gene Beckett	Account(s) Receivable(s)	1121-000	35.86		468,731.09
		662 Meredith Lane	Account number 528886				

Page Subtotals 94,514.03

49,838.99

Ver: 21.00a

Page: 15 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Trustee Name:

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

Account Number / CD #:

******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
1		Cuyahoga Falls, OH 44223					
05/14/15	4	Jonathan A. Vandertill	Account(s) Receivable(s)	1121-000	74.81		468,805.90
			Account number 534246				
05/15/15	4	Henry C. Johnson, II	Account(s) Receivable(s)	1121-000	48.23		468,854.13
		2223 Green Road	Account number 526680				
		Cleveland, OH 44121					
05/18/15	4	Edman Claire (Erick)	Account(s) Receivable(s)	1121-000	44.81		468,898.94
			Account number 534549				
05/21/15	4	Mr. & Mrs. Paul A. Nachtwey	Account(s) Receivable(s)	1121-000	296.38		469,195.32
		527 Manorbrook Drive	Account number 156049				
		Chagrin Falls. OH 44022					
05/21/15	13	State Auto Insurance Companies	refund of insurance premium	1229-000	296.00		469,491.32
05/21/15	13	State Auto Insurance Companies	refund of insurance premium	1229-000	2,522.00		472,013.32
05/26/15	14	State of Florida	fee for medical records	1229-000	14.00		472,027.32
05/26/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	230.29		472,257.61
			Accounts paid in May, 2015				
05/26/15	11	United States Treasury	tax refund	1224-000	783.92		473,041.53
05/27/15	13	ProAssurance Indeminity Company, Inc.	refund of premium	1229-000	19,239.00		492,280.53
05/27/15	4	Gail Leach	Account(s) Receivable(s)	1121-000	62.51		492,343.04
			Account number 106162 365423-0057				
05/27/15	4	Gail Leach	Account(s) Receivable(s)	1121-000	62.51		492,405.55
			Account number 106162 365423-0056				
05/27/15	4	Gail Leach	Account(s) Receivable(s)	1121-000	62.51		492,468.06
			Account number 106162 365423-0054				
05/27/15	4	Robert and Cathy Gager	Account(s) Receivable(s)	1121-000	10.00		492,478.06
		555 Oak Hollow Drive	Account number 527016				
		Madison, OH 44057					
05/27/15	4	Henry C. Johnson, II	Account(s) Receivable(s)	1121-000	47.85		492,525.91
		2223 Green Road	Account number 526680				

Page Subtotals 23,794.82 0.00

Page: 16 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Cleveland, OH 44121					
05/27/15	010013	Paycor	payroll service	2990-000		820.02	491,705.89
		4811 Montgomery Road					
		Cincinnati, OH 45212					
05/29/15	4	Key Bank	Account(s) Receivable(s)	1121-000	70,000.00		561,705.89
05/29/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		705.71	561,000.18
06/02/15	4	Karl J. Wendel	Account(s) Receivable(s)	1121-000	40.00		561,040.18
		8825 Arrowood Ct	Account number 133144				
		Mentor, OH 44060					
06/02/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		561,065.18
		686 Mesa Verde Drive	Account number 132961				
		Barberton, OH 44203					
06/02/15	010014	West Coast Dermatology Billers		2990-000		8,469.51	552,595.67
06/04/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	50.00		552,645.67
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
06/09/15	14	Elk & Elk	Copies	1229-000	14.00		552,659.67
			Records provided for Roberta Passe				
06/09/15	11	State of Ohio Taxation Department	Refund of sales and use tax	1224-000	4,513.72		557,173.39
06/10/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	50.00		557,223.39
		P.O. Box 374	Account number 520579				
		Conneaut, OH 44030					
06/10/15	4	HealthSmart Benefit Solutions, Inc.	Account(s) Receivable(s)	1121-000	163.27		557,386.66
		on behalf of Marti Nieman	Marti Nieman				
			Account number 521172				
06/15/15	4	Byron G. Hays	Account(s) Receivable(s)	1121-000	40.80		557,427.46
		Elizabeth A. Hays	Account number 185844				
		16871 Catsden Road					
		Chagrin Falls, OH 44023					

Page Subtotals 74,896.79 9,995.24

Page: 17 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

******4864 Checking Account Number / CD #:

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
06/15/15	4	Laura L. Madden	Account(s) Receivable(s)	1121-000	133.36		557,560.82
		4 E. 221st Street	Account number 158675				
		Euclid, OH 44123					
06/16/15	4	Sharon K. Nestor	Account(s) Receivable(s)	1121-000	62.85		557,623.67
		David L. Nestor	Account number 79458				
		2793 Vincent Drive					
		Norton, OH 44203					
06/16/15	4	George F. Bailey, Jr.	Account(s) Receivable(s)	1121-000	110.64		557,734.31
		88 East Shore Blvd.	Account number 94822				
		Timberlake, OH 44096					
06/16/15	4	Marie Harvey	Account(s) Receivable(s)	1121-000	71.77		557,806.08
		1140 Winchell Road	Account number 505882				
		Aurora, OH 44202					
06/16/15	4	Alan G. Lipson	Account(s) Receivable(s)	1121-000	20.25		557,826.33
		30751 Ainsworth Drive	Account number 147081				
		Pepper Pike, OH 44124					
06/16/15	4	Mark and Emily Holiday	Account(s) Receivable(s)	1121-000	8.63		557,834.96
		2223 W. Bath Road	Account number 518801				
		Akron, OH 44333					
06/16/15	4	Amy and John Marzich	Account(s) Receivable(s)	1121-000	14.96		557,849.92
		2993 Benjamin Drive	Account number 107627				
		Brunswick, OH 44212					
06/16/15	4	D. Jeffrey Cass	Account(s) Receivable(s)	1121-000	48.17		557,898.09
		220 Ry Road	Account number 189058				
		Wadsworth, OH 44281					
06/16/15	4	Fred and Victoria Curran	Account(s) Receivable(s)	1121-000	40.00		557,938.09
		484 Circle Drive	Account number 533161				
		Doylestown, OH 44230					
			On behalf of Dora Williams				
06/16/15	4	Ralph and Anita Lukich	Account(s) Receivable(s)	1121-000	40.00		557,978.09

Page Subtotals 550.63 0.00

Page: 18 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name:

Trustee Name:

DAVID O. SIMON, TRUSTEE

Account Number / CD #:

BOK Financial ******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		6090 Middlebrook Blvd. Brook Park, OH 44142	Account number 530821				
06/16/15	4	Michael and Susan Lee 3493 Southern Road Richfield, OH 44286	Account(s) Receivable(s) Account number 58557	1121-000	1,215.14		559,193.23
06/16/15	4	Rozelle E. Atkins 2202 Acacia Park Dr., Apt. 2702 Lyndhurst, OH 44124	Account(s) Receivable(s) Account number 85655	1121-000	14.37		559,207.60
06/16/15	4	Laura J. Albaugh Jeffrey L. Albaugh 97 Southwick Drive	Account(s) Receivable(s) Account number 167250	1121-000	40.00		559,247.60
06/16/15	4	Bedford, OH 44146 Thomas F. Cochran Margaret M. Cochran 1165 Dorset Ct.	Account(s) Receivable(s) Account number 126875	1121-000	40.00		559,287.60
06/17/15	010015	Aurora, OH 44202 Akron General Medical Center	administrative rent	2410-000		7,500.00	551,787.60
06/18/15	4	Deborah S. Sedgwick 8221 Lanmark Drive	Account(s) Receivable(s) Account number 57791	1121-000	77.00	7,500.00	551,864.60
06/18/15	4	Mentor, OH 44060 Michael G. Hardy 7430 Brenel Drive	Account(s) Receivable(s) Account number 129014	1121-000	80.00		551,944.60
06/18/15	4	Mentor, OH 44060 Lawrence J. Nichta 4395 Ammon Road	Account(s) Receivable(s) Account number 8453	1121-000	5.00		551,949.60
06/18/15	4	Cleveland, OH 44143 Shira S. Toister 4711 Rosita Pl.	Account(s) Receivable(s) Account number 533529	1121-000	25.31		551,974.91
06/18/15	4	Tarzana, CA 91356 Jeffrey A. Lown	Account(s) Receivable(s)	1121-000	162.85		552,137.76

Page Subtotals 1,659.67 7,500.00

Page: 19
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		1595 Pear Pl. Mansfield, OH 44905	Account number 501925				
* 06/18/15		Mr. & Mrs. Rod G. Dulaney 2433 Remsen Road	Account(s) Receivable(s) Account number 180703	1121-000	153.30		552,291.06
06/18/15	4	Medina, OH 44256	Assessment(s) Descripping (s)	1121-000	7.49		552 200 55
06/18/15	4	Mr. & Mrs. John King for Lyndsey King 3092 Givens Ct.	Account(s) Receivable(s) Account number 533525	1121-000	7.49		552,298.55
06/18/15	4	Perry, OH 44081 Stephen Rice 3325 Chalfant Road	Account(s) Receivable(s) Account number 534436	1121-000	142.97		552,441.52
06/18/15	4	Shaker Hts., OH 44120 Christopher Casey 4901 Tuxedo Avenue	Account(s) Receivable(s) Account number 526811	1121-000	19.62		552,461.14
06/18/15	4	Parma, OH 44134 Nestor W. Shust 4616 Granger Road	Account(s) Receivable(s) Account number 512311	1121-000	14.12		552,475.26
* 06/18/15	010016	Fairlawn, OH 44333 Keystone Technology Consultants Attn: Billing 4125 Medina Road, Ste. 200A		2990-000		3,500.00	548,975.26
06/18/15	010017	Akron, OH 44333 Carolyn Sweeney 1285 Charter Oak Ln.	refund due to overpayment	8500-000		102.76	548,872.50
06/23/15	4	Westlake, OH 44145 Kelly B. Sherwin 13901 Shaker Blvd., Apt. 5B	Account(s) Receivable(s) Account number 178090	1121-000	81.20		548,953.70
06/23/15	4	Cleveland, OH 44120 James and Kym Skerl 2064 S. Belvoir Blvd.	Account(s) Receivable(s) Account number 110144	1121-000	42.94		548,996.64

Page Subtotals 461.64 3,602.76

Page: 20 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

\$ 2,000,000.00

Blanket Bond (per case limit):

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		Cleveland, OH 44121					
06/23/15	4	Gerald and Kathleen Apel	Account(s) Receivable(s)	1121-000	182.08		549,178.72
		P.O. Box 6	Account numbers 510006 and 509259				·
		Newton Falls, OH 44444					
06/23/15	4	Li and James Swain	Account(s) Receivable(s)	1121-000	64.19		549,242.91
		5080 Boulder Creek Dr.	Account number 176647				
		Solon, OH 44139					
06/23/15	4	Kevin Allen	Account(s) Receivable(s)	1121-000	258.27		549,501.18
		582 Red Rock Drive	Account number 534099				
		Wadsworth, OH 44281					
06/23/15	4	Jeffrey Eier	Account(s) Receivable(s)	1121-000	43.17		549,544.35
		1205 Buckingham St.	Account number 527972				
		Sandusky, OH 44870					
06/23/15	4	William J. Schmitt	Account(s) Receivable(s)	1121-000	2,468.57		552,012.92
		7336 Roswell Rd., SW	Account number 534214				
		Sherrodsville, OH 44675					
06/23/15	4	Bobara Pastor	Account(s) Receivable(s)	1121-000	39.64		552,052.56
		30825 Cannon Road	Account number 22251				
		Solon, OH 44139					
06/23/15	4	Lora Temple	Account(s) Receivable(s)	1121-000	25.00		552,077.56
		700 Shaker Drive	Account number 532816				
		Medina, OH 44256					
06/23/15	4	Mengrong Zou	Account(s) Receivable(s)	1121-000	193.81		552,271.37
		704 5th St., Apt. 10	Account number 533482				
		Bowling Green, OH 43402					
06/23/15	4	Linda S. Wilkinson	Account(s) Receivable(s)	1121-000	20.00		552,291.37
		1286 Yellowstone Road	Account number 52934				
		Cleveland Hts., OH 44121					
06/23/15	4	Karl J. Wendel	Account(s) Receivable(s)	1121-000	40.00		552,331.37
		8825 Arrowood Ct.	Account number 133144				

Page Subtotals 3,334.73 0.00

Page: 21
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		Mentor, OH 44060					
06/23/15	4	Robert and Faith Suydam	Account(s) Receivable(s)	1121-000	22.72		552,354.09
		7973 Center St.	Account number 77224				
		Mentor, OH 44060					
06/23/15	4	Marco and Erica Costa	Account(s) Receivable(s)	1121-000	40.00		552,394.09
		22885 Canterbury Lane	Account number 530481				
		Shaker Hts., OH 44122					
06/23/15	4	Charles and Rosemary Merchant	Account(s) Receivable(s)	1121-000	12.35		552,406.44
		311 E. Stonebrooke Ct.	Account number 5375				
		Chagrin Falls, OH 44022					
06/23/15	4	Jamie and Wendy Cohen	Account(s) Receivable(s)	1121-000	243.04		552,649.48
		32231 Meadow Lark Way	Account number 165438				
		Pepper Pike, OH 44124					
06/24/15	4	Key Bank	Account(s) Receivable(s)	1121-000	48,000.00		600,649.48
06/24/15	4	Barbara Torrey	Account(s) Receivable(s)	1121-000	16.45		600,665.93
		17604 East Brook Trail	Account number 129824				
		Chagrin Falls, OH 44023					
06/24/15	4	Rebecca Truden	Account(s) Receivable(s)	1121-000	46.13		600,712.06
		2481 Arlington Road	Account number 130				
		Cleveland Hts., OH 44118					
06/24/15	4	Kevin Rabie	Account(s) Receivable(s)	1121-000	67.05		600,779.11
		5932 Stumph Road, Apt. 321	Account number 502370				
		Parma, OH 44130					
06/24/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	881.93		601,661.04
			Funds paid for June, 2015 reporting period				·
06/26/15	4	Linda M. Lovell	Account(s) Receivable(s)	1121-000	383.96		602,045.00
		2442 Sunnybrook Road	Account number 529700				
		Mogadore, OH 44260	On behalf of Robert Toth				
06/26/15	4	Philip Bomeisl	Account(s) Receivable(s)	1121-000	30.00		602,075.00
		3965 North Pointe Dr.	Account number 93840				

Page Subtotals 49,743.63

Ver: 21.00a

0.00

Page: 22 Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK

BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or	Dilly (D. 115	D OCT	Uniform	D : (b)	D:1	Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Pepper Pike, OH 44124					
06/26/15	4	Charles Daroff	Account(s) Receivable(s)	1121-000	142.33		602,217.33
		Abigail Daroff	Account number 132983				
		2493 Ginger Wren Road					
		Pepper Pike, OH 44124					
06/26/15	4	Michael Buchheit	Account(s) Receivable(s)	1121-000	34.29		602,251.62
		Ann M. Buchheit	Account number 105321				
		2636 Edgehill Road					
		Cleveland Hts., OH 44106					
06/29/15	4	Matthew D. Clemens	Account(s) Receivable(s)	1121-000	500.00		602,751.62
		31699 Trilluim Trl	Account number 533175				
		Pepper Pike, OH 44124					
06/29/15	4	Brian Wolovitz	Account(s) Receivable(s)	1121-000	45.77		602,797.39
		3733 Severn Road	Account number 533297				
		Cleveland Hts., OH 44118					
06/29/15	4	Marty L. Schonberger, Jr.	Account(s) Receivable(s)	1121-000	26.84		602,824.23
		11205 Hidden Springs Dr.	Account number 48468				
		Munson, OH 44024					
06/29/15	4	Edward J. Kerr	Account(s) Receivable(s)	1121-000	128.61		602,952.84
		4098 E. Smith Road	Account number 532933				
		Medina, OH 44256					
06/29/15	4	Marie McConnell	Account(s) Receivable(s)	1121-000	41.61		602,994.45
		821 Orchardview Ave.	Account number 529564				
		Seven Hills, OH 44131					
06/29/15	4	Lonnie or Ginger Dittrick	Account(s) Receivable(s)	1121-000	112.51		603,106.96
		10229 Mitchell Road	Account number 164536				
		Columbia Station, OH 44028					
06/29/15	4	John A. Yirga	Account(s) Receivable(s)	1121-000	911.82		604,018.78
		1156 Hillcreek Lane	Account number 157891				
		Gates Mills, OH 44040					

Page Subtotals 1,943.78 0.00

Page: 23 Exhibit 9

15-11415 -AIH Case No:

UNIVERSITY DERMATOLOGISTS, INC.,

Trustee Name: DAVID O. SIMON, TRUSTEE **BOK Financial**

Bank Name:

Account Number / CD #: ******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Case Name:

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
* 06/30/15		Mr. & Mrs. Rod G. Dulaney	Account(s) Receivable(s)	1121-000	-153.30		603,865.48
		2433 Remsen Road	Patient paid twice. Therefore, she stopped pay on this				
		Medina, OH 44256	check.				
06/30/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		820.09	603,045.39
07/08/15	4	Michelle Mullett	Account(s) Receivable(s)	1121-000	31.01		603,076.40
		9050 Mayfield Rd.	Account number 104848				
		Chesterland, OH 44026					
07/08/15	4	Donald Cooper	Account(s) Receivable(s)	1121-000	120.35		603,196.75
		456 Middlestone Way	Account number 519912				
		Cuyahoga Falls, OH 44223					
07/08/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		603,221.75
		686 Mesa Verde Dr.	Account number 132961				
		Barberton, OH 44203					
07/08/15	4	Jordan Samsonas	Account(s) Receivable(s)	1121-000	247.84		603,469.59
		9830 Broadway Dr.	Account number 179993				
		Chagrin Falls, OH 44023					
07/08/15	4	Michael and Ceceile Birchler	Account(s) Receivable(s)	1121-000	54.66		603,524.25
		29021 Weybridge Dr.	Account number 88300				
		Westlake, OH 44145					
07/08/15	4	Robert and Mary Walters	Account(s) Receivable(s)	1121-000	169.63		603,693.88
		28536 Knickerbocker Rd.	Account number 179564				
		Bay Village, OH 44140					
07/08/15	4	Philip Seibel	Account(s) Receivable(s)	1121-000	20.00		603,713.88
		P.O. Box 9215	Account number 67382				
		Canton, OH 44711					
07/08/15	4	Gary Bolinger	Account(s) Receivable(s)	1121-000	25.00		603,738.88
		4615 Wilburn Dr.	Account number 147476				
		South Euclid, OH 44121					
07/08/15	4	Richard Kizys	Account(s) Receivable(s)	1121-000	78.42		603,817.30
		6115 Creekhaven Dr., Apt. 7	Account number 169473				

Page Subtotals 618.61 820.09

Page: 24 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Parma Hts., OH 44130					
07/08/15	4	John and Donna Shepherd	Account(s) Receivable(s)	1121-000	161.92		603,979.22
		2325 Maylo Path	Account number 531034				
		Akron, OH 44312					
07/08/15	4	James Strasser	Account(s) Receivable(s)	1121-000	87.97		604,067.19
		2591 Robindale Ave.	Account number 188323				
		Akron, OH 44312					
07/08/15	4	Robin G. Freedman	Account(s) Receivable(s)	1121-000	175.55		604,242.74
		295 Brookrun Drive	Account number 505970				
		Copley, OH 44321	On behalf of Adam Salzman				
07/08/15	4	Kimberly Rousch	Account(s) Receivable(s)	1121-000	80.45		604,323.19
		3180 Narrows Road	Account number 133548				
		Perry, OH 44081					
07/09/15	4	Chris W. Staats	Account(s) Receivable(s)	1121-000	82.60		604,405.79
		Optum Bank Direct Pay	Account number 527895				
07/09/15	4	David Riccio	Account(s) Receivable(s)	1121-000	108.75		604,514.54
		7555 Ferguson Rd.	Account number 126484				
		Kent, OH 44240					
07/09/15	15	PSKW, LLC	rebate	1229-000	203.61		604,718.15
		1 Crossroads Drive					
		3rd Floor					
		Bedminster, NJ 07921					
07/10/15	4	Richard Rowley	Account(s) Receivable(s)	1121-000	138.42		604,856.57
		624-2 Russett Woods Lane	Account number 530189				
		Aurora, OH 44202					
07/10/15	4	Jonathan C. Hatch	Account(s) Receivable(s)	1121-000	81.20		604,937.77
		on behalf of Karry Hatch	Account number 165054				
		2854 East Overlook Road	on behalf of Karry Hatch				
		Cleveland Hts., OH 44118	_				
07/13/15	010018	West Coast Dermatology Billers	billing company	2990-000		5,003.08	599,934.69

Page Subtotals 1,120.47 5,003.08

UST Form 101-7-TDR (10/1/2010) (Page: 43)

Page: 25
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
07/14/15	4	Jamal Kassir	Account(s) Receivable(s)	1121-000	15.48		599,950.17
		7026 Yinger St.	Account number 531665				
		Dearborn, MI 48126					
07/14/15	4	Diana J. Watson	Account(s) Receivable(s)	1121-000	40.00		599,990.17
		803 N. Ridge Rd., W	Account number 76857				
		Lorain, OH 44053					
07/14/15	4	Bradley Horning	Account(s) Receivable(s)	1121-000	710.16		600,700.33
		467 Heimbaugh Road	Account number 515022				
1		Mogadore, OH 44260					
07/14/15	4	Leslie Holz	Account(s) Receivable(s)	1121-000	19.64		600,719.97
		25318 Cardington Drive	Account number 178121				
		Beachwood, OH 44122					
07/14/15	4	Ronald and Cymthia Ducca	Account(s) Receivable(s)	1121-000	39.64		600,759.61
		on behalf of Ethan Ducca	No account number provided				
		11540 Blue Teron Trail	On behalf of Ethan Ducca				
		Chardon, OH 44024	Treating doctor was Dr. Kassouf				
07/15/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	50.00		600,809.61
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
07/20/15	4	Judy N. Boyce	Account(s) Receivable(s)	1121-000	95.00		600,904.61
		4401 W. Anderson Road	Account number 11035				,
		South Euclid, OH 44121					
07/20/15	4	Sarah Klinger	Account(s) Receivable(s)	1121-000	18.48		600,923.09
		766 Diandrea Dr.	Account number 104062				,
		Akron, OH 44333					
07/20/15	4	Vivek Dason	Account(s) Receivable(s)	1121-000	30.33		600,953.42
		1783 McClure Road	Account number 522918		2 2.33		
		Monroeville, PA 15146					
* 07/20/15	010016	Keystone Technology Consultants	Stop Payment Reversal	2990-000		-3,500.00	604,453.42
5,,25,15	0.0013	Attn: Billing	STOP PAYMENT			2,200.00	00.,.03.12
		5111116	5101 III III III				

Page Subtotals 1,018.73 -3,500.00

Page: 26 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		4125 Medina Road, Ste. 200A					
		Akron, OH 44333					
07/20/15	010019	Keystone Technology Consultants	Replaces the June check	2990-000		3,500.00	600,953.42
		787 Wye Rd					
		Akron, OH 44333					
07/27/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		600,978.42
		686 Mesa Verde Drive	Account number 132961				
		Barberton, OH 44203					
07/27/15	4	First Federal Credit Control, Inc.	Account(s) Receivable(s)	1121-000	2,736.87		603,715.29
07/31/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		910.07	602,805.22
08/03/15	4	Anna Durst	Account(s) Receivable(s)	1121-000	192.00		602,997.22
		30099 Jefferson Way	Account number 74297				
		Westlake, OH 44145					
08/03/15	4	Elizabeth M. Jodon-Jacewicz	Account(s) Receivable(s)	1121-000	161.37		603,158.59
		765 Dahlia Circle	Account number 534461				
		Barberton, OH 44203					
08/03/15	4	Jeffrey and Heather Ettinger	Account(s) Receivable(s)	1121-000	72.64		603,231.23
		22550 Shelburne Road	Account number 186389				
		Shaker Hts., OH 44122					
08/03/15	4	Gail Leach	Account(s) Receivable(s)	1121-000	62.51		603,293.74
		Richard Leach (payor)	Account number 106162				
08/05/15	14	OPPT FR Ohioans w/Disabilities	copy fee	1229-000	20.00		603,313.74
08/06/15	16	Frantz Ward LLP	refunds of retainer	1229-000	12,768.75		616,082.49
08/10/15	4	Matthew D. Clemens	Account(s) Receivable(s)	1121-000	810.11		616,892.60
		31699 Trilluim Trl	Account number 533175				
		Papper Pike, OH 44124					
08/10/15	4	Howard E. Rowen	Account(s) Receivable(s)	1121-000	8.52		616,901.12
		1611 S. Green Road	Account number 2462				
		South Euclid, OH 44121					

Page Subtotals 16,857.77 4,410.07

Page: 27
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
08/10/15	010020	West Coast Dermatology Billers		2990-000		3,254.65	613,646.47
08/18/15	4	Jonathan Price	Account(s) Receivable(s)	1121-000	10.00		613,656.47
		Jamie Price	Account number 157063				
		1137 Jacoby Road					
		Copley, OH 44321					
08/18/15	4	Sally Woznicki	Account(s) Receivable(s)	1121-000	98.99		613,755.46
		7231 Valley View	Account number 141295				
1		Hudson, OH 44236					
08/18/15	4	Vladimir Nadtotchi	Account(s) Receivable(s)	1121-000	61.18		613,816.64
		27000 Bishop Park Dr., #205	Account number 518398				
		Willoughby Hills, OH 44092					
08/18/15	4	Mr. & Mrs. Michael Hackett	Account(s) Receivable(s)	1121-000	62.88		613,879.52
		9570 Green Valley Drive	Account number 140994				
		Mentor, OH 44060					
08/18/15	4	Anne Butler-Mathews	Account(s) Receivable(s)	1121-000	119.74		613,999.26
		2653 Mull Avenue	Account number 530716				
		Copley, OH 44321					
08/18/15	4	James M. Osborne	Account(s) Receivable(s)	1121-000	76.87		614,076.13
		10160 Sawmill Drive	Account number 534382				
		Chardon, OH 44024					
08/19/15	4	Victoria S. Vitale	Account(s) Receivable(s)	1121-000	37.65		614,113.78
		1742 Chelmsford Road	Account number 534651				
		Mayfield Hts., OH 44124					
08/19/15	4	Christina Triplett	Account(s) Receivable(s)	1121-000	30.00		614,143.78
		935 Owego Street	Account number 531880				
		Painesville, OH 44077					
08/20/15	4	Roy G. Parker	Account(s) Receivable(s)	1121-000	6.26		614,150.04
		Susan M. Parker	Account number 44356				
		891 Wallwood Drive					
		Copley, OH 44321					

Page Subtotals 503.57 3,254.65

Page: 28
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: Bo

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
08/20/15	4	Patricia J. Burns John P. Burns 746 Grove Avenue Kent, OH 44240	Account(s) Receivable(s) Account number 510654	1121-000	42.89		614,192.93
08/24/15	4	Jason Krecek 18580 Claridon Troy Road Hiram, OH 44234	Account(s) Receivable(s) Account number 507791	1121-000	42.95		614,235.88
08/24/15	4	Gregory Hutchings Cheryl Hutchings 18650 Parkland Drive Shaker Hts., OH 44122	Account(s) Receivable(s) Account number 533434	1121-000	20.00		614,255.88
08/24/15	4	Susan Hart 686 Mesa Verde Dr. Barberton, OH 44203	Account(s) Receivable(s) Account number 132961	1121-000	25.00		614,280.88
08/24/15	4	Cecil and Susan Tout 10632 Tudor Circle North Royalton, OH 44133	Account(s) Receivable(s) Account number 98274	1121-000	80.45		614,361.33
08/24/15	4	Raymond and Jennifer Beall 10009 Running Brook Drive Parma, OH 44130	Account(s) Receivable(s) Account number 534347	1121-000	37.65		614,398.98
08/24/15	4	Stuart and Stephanie Mabee 15535 Raya Oval North Royalton, OH 44133	Account(s) Receivable(s) Account number 507235	1121-000	45.00		614,443.98
08/24/15	4	Craig and Linda Voorman 89 Hamden Drive Hudson, OH 44236	Account(s) Receivable(s) Account number 124724	1121-000	10.10		614,454.08
08/24/15	4	Brian and Patricia Dunmire 5628 Bay Court Willoughby, OH 44094	Account(s) Receivable(s) Account number 183154	1121-000	74.66		614,528.74
08/25/15	4	Ashley Coleman	Account(s) Receivable(s)	1121-000	25.00		614,553.74

Page Subtotals 403.70 0.00

Page: 29 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

******7177

Case Name:

Taxpayer ID No:

UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		1922 6th St. SW	Account number 532070				
		Akron, OH 44314					
08/25/15	4	Michael W. Powell	Account(s) Receivable(s)	1121-000	16.77		614,570.51
		7340 Hayes Blvd.	Account number 104092				
		Mentor, OH 44060					
08/31/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	2,295.21		616,865.72
			Account period ending August 24, 2015				
08/31/15	4	Donald Laney	Account(s) Receivable(s)	1121-000	400.76		617,266.48
		2381 Lyndon Drive	Account number 533766				
		Uniontown, OH 44685					
08/31/15	4	William Chilton	Account(s) Receivable(s)	1121-000	20.00		617,286.48
		Kristen Chilton	Account number 111556				
		8484 Evergreen Drive					
		Sagamore Hills, OH 44067					
08/31/15	4	Eric Radtke	Account(s) Receivable(s)	1121-000	40.17		617,326.65
		38004 Ridge Road	Account number 128175				
		Willoughby, OH 44094					
08/31/15	4	Elizabeth Meckler	Account(s) Receivable(s)	1121-000	248.88		617,575.53
		707 Senn Drive	Account number 532885				·
		Tallmadge, OH 44278					
08/31/15	4	Meghan Kulaszewski	Account(s) Receivable(s)	1121-000	14.81		617,590.34
		2403 Keystone Road	Account number 533808				ŕ
		Parma, OH 44134					
08/31/15	4	Todd Graham	Account(s) Receivable(s)	1121-000	15.00		617,605.34
		Tamara Graham	Account number 534087				,
		95 Rustic Terrace					
		Monroe Falls, OH 44262					
08/31/15	4	Kelly Donatelli	Account(s) Receivable(s)	1121-000	80.00		617,685.34
22.22.22	·	Mark Donatelli	Account numbers 534119 and 190046		30.00		
		5412 SW 24th Avenue					

Page Subtotals 3,131.60 0.00

Page: 30 Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Trustee Name:

Account Number / CD #: ******4864 Checking

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		Cape Coral, FL 33914					
08/31/15	4	Lynn Cooperrider	Account(s) Receivable(s)	1121-000	120.01		617,805.35
		Mark Cooperrider	Account number 141620				.,
		580 Hanford Dr.					
		Highland Hts., OH 44143					
08/31/15	4	Kristie Zappitelli	Account(s) Receivable(s)	1121-000	37.17		617,842.52
		7286 Waterfowl Way	Account number 95780				
		Concord, OH 44077					
08/31/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		907.61	616,934.91
09/01/15	4	Anne L. Staats	Account(s) Receivable(s)	1121-000	200.00		617,134.91
			Account number 100130				
09/01/15	4	John R. Starkey	Account(s) Receivable(s)	1121-000	1,052.95		618,187.86
		2694 S Canal Street	Account number 533977				
		Newton Falls, OH 44444					
09/02/15	4	Christian Basson	Account(s) Receivable(s)	1121-000	302.84		618,490.70
		4040 Fairway Drive	Account number 527691				
		Medina, OH 44256					
09/02/15	4	Robert Morell	Account(s) Receivable(s)	1121-000	183.83		618,674.53
		Meggan Morell	Account numbers 190831 and 517775				
		8 Deerfield Drive					
		Chagrin Falls, OH 44022					
09/02/15	010021	West Coast Dermatology Billers		2990-000		897.46	617,777.07
09/09/15	4	Kevin L. String	Account(s) Receivable(s)	1121-000	213.13		617,990.20
		3175 Northwood Drive	Account number 91553				
		Pepper Pike, OH 44124					
09/09/15	4	Christina Jankowski	Account(s) Receivable(s)	1121-000	86.34		618,076.54
		Daniel Jankowski	Account number 75463				
		4137 Fairway Drive					
		Medina, OH 44256					
09/09/15	4	Nathaniel Pendleton	Account(s) Receivable(s)	1121-000	89.88		618,166.42

Page Subtotals 2,286.15 1,805.07

Page: 31
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
		Elizabeth Pendleton	Account number 80011	Tun. couc	- op 22.02 (4)	- 323 323 333 (4)	(+)
		2552 Stonefield Drive	Treedult hamber 60011				
		Avon, OH 44011					
09/09/15	4	Joseph Bohms	Account(s) Receivable(s)	1121-000	5.00		618,171.42
		Elaine Feagler	Account number 525747				,
		4207 W. 220th Street					
		Fairview Park, OH 44126					
09/09/15	4	Lindsay Sharp	Account(s) Receivable(s)	1121-000	82.62		618,254.04
		2431 Loyola Road	Account number 534491				·
		University Hts., OH 44118					
09/09/15	17	Heartland Payment Systems, Inc.	refund of post-petition fees	1229-000	1,671.40		619,925.44
09/15/15	4	Christine K. Sparrow	Account(s) Receivable(s)	1121-000	16.24		619,941.68
		17310 Wood AcreTrail	Account number 506916				
		Chagrin Falls, OH 44023					
09/15/15	4	Susie Nagy	Account(s) Receivable(s)	1121-000	100.00		620,041.68
		P.O. Box 374	Account numbers 520479 and 248164 (may be				
		Conneaut, OH 44030	248614)				
09/15/15	4	Michele Mullett	Account(s) Receivable(s)	1121-000	70.00		620,111.68
		9050 Mayfield Road	Account number 104848				
		Chesterland, OH 44026					
09/15/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		620,136.68
		686 Mesa Verde Drive	Account number 132961				
		Barberton, OH 44203					
09/15/15	4	Scott Foreman	Account(s) Receivable(s)	1121-000	58.00		620,194.68
		Joyce Foreman	Account number 521310				
		4390 Parrot Road, NW					
		Strasburg, OH 44680					
09/17/15	4	Gary D. Helf	Account(s) Receivable(s)	1121-000	28.49		620,223.17
		12395 Painesville Warren Road	Account number 529672				
		Concord, OH 44077					

Page Subtotals 2,056.75 0.00

Page: 32 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

Account Number / CD #: ******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

Separate Bond (if applicable):

Trustee Name:

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
09/17/15	4	Jennifer and Patrick Healy	Account(s) Receivable(s)	1121-000	47.20		620,270.37
		4627 Wilburn Drive	Account number 501871				
		South Euclid, OH 44121					
09/17/15	4	Christine Heft	Account(s) Receivable(s)	1121-000	80.97		620,351.34
		4038 Gardiner Run	Account number 108444				
		Copley, OH 44321					
09/21/15	4	OPPT FR OHIOANS W/DISABILITIES	Account(s) Receivable(s)	1121-000	20.00		620,371.34
			Shally T. Rossman				
			SS# xxx-xx-8206				
09/21/15	4	G. L. Gackowski	Account(s) Receivable(s)	1121-000	14.37		620,385.71
		6434 Goebel Drive	Account number 529398				
		Parma, OH 44134					
09/21/15	4	David Strauss	Account(s) Receivable(s)	1121-000	113.00		620,498.71
		8201 Lanmark Drive	Account number 61420 (paid in full per Trustee)				
		Mentor, OH 44060					
09/24/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	4,209.76		624,708.47
			Funds collected for reporting period of September,				
			2015				
09/28/15	4	Kevin Marlow	Account(s) Receivable(s)	1121-000	43.17		624,751.64
		35431 Ridge Road	Account number 528823				
		Willoughby, OH 44094					
09/28/15	4	Ryan Andrews	Account(s) Receivable(s)	1121-000	308.79		625,060.43
		18928 Inglewood Avenue	Account number 531069				
		Rocky River, OH 44116					
09/30/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		890.63	624,169.80
10/01/15	4	Karen Anne Carroll	Account(s) Receivable(s)	1121-000	20.00		624,189.80
		OPPT FR Ohioans w/Disabilities	SS#: xxx-xx-7529				
10/02/15	010022	West Coast Dermatology Billers		2990-000		1,562.10	622,627.70
		125 Oxford Road					
		Casselberry, FL 32730					

Page Subtotals 2,452.73 4,857.26

Page: 33 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1		2	3	4		5	6	7
Transa	action	Check or			Uniform			Account / CD
Da	ate	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
10/	/12/15	4	Steven C. Wheatley	Account(s) Receivable(s)	1121-000	148.50		622,776.20
			120 Park Street	Account number 510514				
			Wadsworth, OH 44281					
10/	/12/15	4	Susan Hart	Account(s) Receivable(s)	1121-000	25.00		622,801.20
			686 Mesa Verde Druive	Account number 132961				
			Barberton, OH 44203					
10/	/12/15	4	Kenzie Bort	Account(s) Receivable(s)	1121-000	46.97		622,848.17
			pd by Jody Wolf	Account number 502261				
			3697 Indiana St.					
			Perry, OH 44081					
* 10/	/15/15	010023	University Suburban Real Estate Ltd.		2410-000		12,698.80	610,149.37
10/	/15/15	010024	Twin Towers Ltd.		2410-000		5,000.00	605,149.37
10/	/19/15	010025	KeyBank National Association	document production	2990-000		31.15	605,118.22
10/	/27/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	1,607.61		606,725.83
				Funds collected for reporting period of October, 2015				
10/	/30/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		926.67	605,799.16
11/	/03/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	80.00		605,879.16
			P.O. Box 374	Account number 248614				
			Conneaut, OH 44030					
11/	/03/15	010026	Mentor Medical Campus Physician Bldg LLC		2410-000		3,307.05	602,572.11
11/	/09/15	18	Ohio Dept. of Jobs and Family Services	refund of taxes	1221-000	68.87		602,640.98
11/	/20/15	010027	Highmark Blue Shield	erroneous post-petition payment	8500-002		280.89	602,360.09
			Cashier	Erroneous post petition payment from insurer				
			PO Box 890150					
			Camp Hill, PA 17011-9774					
* 11/	/23/15	4	Mark and Michelle Mendes	Account(s) Receivable(s)	1121-000	198.80		602,558.89
			3085 Farimount Blvd	Account number 120103				
			Cleveland Hts., OH 44118					
11/	/25/15	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	2,611.47		605,170.36

Page Subtotals 4,787.22 22,244.56

Page: 34
Exhibit 9

Case No: 15-11415 -AIH

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
11/25/15	4	Brian Polick	Account(s) Receivable(s)	1121-000	100.00		605,270.36
			Account number 69902				
11/30/15	4	Milton Motsco	Account(s) Receivable(s)	1121-000	77.59		605,347.95
		303 Center Road	Account number 533255				
		Bedford, OH 44146					
11/30/15	010028	Keystone Technoloby Consultants		2990-000		3,627.50	601,720.45
		787 Wye Road					
		Akron, OH 44333					
11/30/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		887.80	600,832.65
* 12/02/15	4	Mark and Michelle Mendes	Account(s) Receivable(s)	1121-000	-198.80		600,633.85
		3085 Farimount Blvd	Check is being returned NSF				
		Cleveland Hts., OH 44118					
12/02/15	4	Mark Mendes	Account(s) Receivable(s)	1121-000	198.80		600,832.65
		Michelle Mendes	Account number 120103				
		3085 Fairmount Blvd.					
		Cleveland Hts., OH 44118					
12/09/15	4	Philip Lam	Account(s) Receivable(s)	1121-000	201.78		601,034.43
		Sharon Lam	Account number 533939				
		11921 Gelb Avenue					
		Hartville, OH 44632					
12/11/15	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	100.00		601,134.43
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
* 12/17/15	010029	Dodd, L'Hommedieu & McGrievy, LLC		3210-000		29,667.00	571,467.43
* 12/17/15	010029	Dodd, L'Hommedieu & McGrievy, LLC	VOID	3210-000		-29,667.00	601,134.43
			wrong paper				
* 12/17/15	010030	Dodd, L'Hommedieu & McGrievy, LLC		3220-000		80.84	601,053.59
* 12/17/15	010030	Dodd, L'Hommedieu & McGrievy, LLC	VOID	3220-000		-80.84	601,134.43
			wrong paper				
	j		İ				

Page Subtotals 479.37

Ver: 21.00a

4,515.30

Page: 35 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

******7177

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

	1	2	3	4		5	6	7
	Transaction	Check or			Uniform			Account / CD
	Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
*	12/17/15	010031	Ohio Department of Taxation	sales tax	2820-000		2,305.39	598,829.04
I			Sales Tax Claim					
*	12/17/15	010031	Ohio Department of Taxation	sales tax	2820-000		-2,305.39	601,134.43
I			Sales Tax Claim	wrong paper				
*	12/17/15	010032	Ohio Department of Taxation	cat tax	2820-000		26,436.34	574,698.09
I			CAT					
*	12/17/15	010032	Ohio Department of Taxation	cat tax	2820-000		-26,436.34	601,134.43
l			CAT	wrong paper				
I	12/17/15	010033	Brian R. Greene		3410-000		17,630.25	583,504.18
I	12/17/15	010034	Dodd, L'Hommedieu & McGrievy, LLC		3210-000		29,667.00	553,837.18
I	12/17/15	010035	Dodd, L'Hommedieu & McGrievy, LLC		3220-000		80.84	553,756.34
Ī	12/17/15	010036	Ohio Department of Taxation	sales tax	2820-000		2,305.39	551,450.95
l			Sales Tax Claim					
I	12/17/15	010037	Ohio Department of Taxation	cat tax	2820-000		26,436.34	525,014.61
l			CAT					
I	12/17/15	010038	Frederic P. Schwieg		3210-000		30,270.00	494,744.61
I	12/17/15	010039	Frederic P. Schwieg		3220-000		367.60	494,377.01
I	12/17/15	010040	Lauren A. Helbling		2100-000		44,174.27	450,202.74
*	12/17/15	010041	Lauren A. Helbling		2200-000		2,947.02	447,255.72
*	12/18/15	010023	University Suburban Real Estate Ltd.	Stop Payment Reversal	2410-000		-12,698.80	459,954.52
				STOP PAYMENT				
I	12/21/15	010042	University Suburban Real Estate LTD		2410-000		12,698.80	447,255.72
I	12/21/15	010043	Primetime Health Plan	refund of incorrect payment	8500-002		57.94	447,197.78
I				reduced the 6/24/15 wire in compensation figures				
I	12/22/15	010044	Insurance Partners Agency, Inc.	Bond Premium	2300-000		774.97	446,422.81
			26865 Center Ridge Road					
			Westlake, OH 44145					
Ī	12/29/15	4	FFCC	Account(s) Receivable(s)	1121-000	7,305.59		453,728.40
				Accounts receivable for December, 2015				

Page Subtotals 7,305.59 154,711.62

Page: 36
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
12/29/15	9	Cleveland Dermatology Group, LLC	Patient Notice fee	1129-000	4,286.00		458,014.40
12/29/15	19	Ohio Department of Commerce	unclaimed funds	1221-000	567.67		458,582.07
12/31/15		Bank of Kansas City	BANK SERVICE FEE	2600-000		880.08	457,701.9
01/02/16	010045	Gary Lichten	post-bankruptcy services incorrectly paid to this	8500-002		57.94	457,644.03
			estate. Refunding to correct party. deducted the				
01/02/16	010046		compensable from the 6/24/15 deposit from Key Bank	0500 003		41.06	457.602.00
01/02/16	010046	Eric B. Baud	Post-bankrutpcy services paid to wrong party. Refunding to correct party. Reduced the compensable	8500-002		41.96	457,602.09
			from the 6/24/15 Key Bank deposit to account for				
			these funds.				
01/08/16	4	Key Bank	Account(s) Receivable(s)	1121-000	80,715.98		538,318.0
01/06/10	7	Rey Built	Compensable reduced for return of non-estate funds	1121 000	00,713.90		330,310.0
			from various insurers who proved that they had				
			mistakenly paid UDI.				
01/12/16	9	Allied Dermatology and Skin Surgery	SALE OF BUSINESS	1129-000	8,572.00		546,890.0
01/13/16	4	Joellen Jubara	Account(s) Receivable(s)	1121-000	218.31		547,108.3
		4418 Folkstone Cir.	Account number 511037				,
		Uniontown, OH 44685					
01/13/16	4	Patrick Thomas	Account(s) Receivable(s)	1121-000	182.70		547,291.0
			Account number 186692				
01/19/16	4	Craig Shopneck, Capter 13 Trustee	Account(s) Receivable(s)	1121-000	12.47		547,303.5
		Bankruptcy Estate of Kenneth and	Bankruptcy Estate of Kenneth and Nancy Mathews				
		Nancy Mathews 15-12855	15-12855				
01/26/16	4	Key Bank	Account(s) Receivable(s)	1121-000	114.40		547,417.9
			Funds deposited into KeyBank before account could				
			be closed completely				
01/26/16	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	100.00		547,517.9
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					

Page Subtotals 94,769.53 979.98

Page: 37 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

******7177

Case Name:

Taxpayer ID No:

UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
01/28/16	4	First Federal Credit Control	Account(s) Receivable(s) Reporting period January, 2016	1121-000	3,535.45		551,053.40
01/29/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		863.12	550,190.28
02/08/16	12	American Express	refund	1229-000	20.00		550,210.28
* 02/10/16	010041	Lauren A. Helbling	VOID wrong amount	2200-000		-2,947.02	553,157.30
02/10/16	010047	U.S. Treasury	2015 income tax	2810-000		170,648.00	382,509.30
02/10/16	010047	Lauren A. Helbling	trsutee expense	2200-000		2,747.02	379,762.28
02/12/16	010049	Bath Akron Fairlawn JEDD	income tax 2015	2820-000		2,603.00	377,159.28
		JEDD Income Tax P.O. Box 80538 Akron, OH 44308				,	,
02/12/16	010050	City of Parma Taxation Division PO Box 94734 Cleveland, OH 44101-4734	EIN 34-1287177 Form Z balance due for year ended 12/31/15	2820-000		835.00	376,324.28
02/12/16	010051	RITA Regional Income Tax Agency PO Box 89475 Cleveland, OH 44101-6475	EIN 34-1287177 Form 27 blance due for the year ended 12/31/15	2820-000		5,331.00	370,993.28
02/19/16	010052	ROJW Health Care Support 25 Columbia Heights Brooklyn NY 11201	refund of non-estate funds inadvert	8500-002		110.89	370,882.39
02/22/16	4	Susie Nagy P.O. Box 374 Conneaut, OH 44030	Account(s) Receivable(s) Account number 248614	1121-000	100.00		370,982.39
02/22/16	15	Healthcomp, Inc.	rebate	1229-000	51.04		371,033.43
02/24/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	4,440.23		375,473.66

Page Subtotals 8,146.72 180,191.01

Page: 38 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
			Reporting period February, 2016				
02/29/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		648.49	374,825.17
03/22/16	010053	Iron Mountain	destruction of records	2410-000		7,758.80	367,066.37
03/24/16	4	Federated Mutual Insurance Company	Account(s) Receivable(s)	1121-000	43.09		367,109.46
		P.O. Box 991/HC01	Patient name: Gregory Hiltebrant				
		Owatonna, MN 55060					
03/28/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	1,645.71		368,755.17
			March, 2016 Reporting Period				
03/31/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		560.85	368,194.32
04/05/16	010054	UnitedHealthcare	non-estate funds	8500-002		47.20	368,147.12
04/13/16	4	Dennis Cornacchione	Account(s) Receivable(s)	1121-000	59.32		368,206.44
		361 E. 288th Street	Account number 533981				
		Willowick, OH 44095					
04/14/16	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	100.00		368,306.44
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
04/14/16	4	Craig Shopneck, Chpt 13 Trustee	Account(s) Receivable(s)	1121-000	10.46		368,316.90
		Estate of Spivey (15-12543)					
04/20/16	010055	KeyBank	Refund non-estate assets for InHealth to KeyBank	8500-002		74.25	368,242.65
			lockbox				
04/25/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	1,887.74		370,130.39
			Reporting Period April, 2016				
04/29/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		532.68	369,597.71
05/20/16	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	50.00		369,647.71
		P.O. Box 374	Account number 284614				
		Conneaut, OH 44030					
05/26/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	2,036.77		371,684.48
			For period May, 2016				
05/31/16	010056	Iron Mountain	additional charge for glass slides	2410-000		2,700.00	368,984.48

Page Subtotals 5,833.09 12,322.27

Page: 39 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
05/31/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		547.75	368,436.73
06/28/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	810.47		369,247.20
			June, 2016 reporting period				
06/30/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		530.15	368,717.05
07/13/16	4	Susie Nagy	Account(s) Receivable(s)	1121-000	50.00		368,767.05
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
07/25/16	010057	Paycor, Inc.	pay roll report for 2014	2990-000		216.00	368,551.05
07/26/16	4	Craig Shopneck, Chpt 13 Trustee	Account(s) Receivable(s)	1121-000	10.56		368,561.61
		Estate of Mathews 15-12855					
07/29/16	4	FIRST FEDERAL CREDIT CONTROL	Account(s) Receivable(s)	1121-000	427.01		368,988.62
			July, 2016 Reporting Period				
07/29/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		546.53	368,442.09
08/22/16	4	Susie Nagy	Account(s) Receivable(s)	1121-000	50.00		368,492.09
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
08/29/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	978.02		369,470.11
			Reporting period August, 2016				
08/31/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		546.09	368,924.02
09/21/16	010058	SRS Software, LLC	admin claim per court order	2990-000		4,401.50	364,522.52
09/27/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	569.27		365,091.79
			Reporting Period September, 2016				
09/30/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		529.21	364,562.58
* 10/21/16		INTERNAL REVENUE SERVICE	MEDICARE TAX	5300-000		346.44	364,216.14
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
* 10/21/16		INTERNAL REVENUE SERVICE	MEDICARE MATCH	5800-000		346.44	363,869.70
		PO BOX 21125					
		PHILADELPHIA, PA 19114					

Page Subtotals 2,895.33 8,010.11

Page: 40 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

******4864 Checking Account Number / CD #:

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
* 10/21/16		INTERNAL REVENUE SERVICE	SOCIAL SECURITY	5300-000		1,481.31	362,388.39
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
* 10/21/16		INTERNAL REVENUE SERVICE	SS FICA MATCH	5800-000		1,481.31	360,907.08
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
* 10/21/16		INTERNAL REVENUE SERVICE	Federal Income Tax	5300-000		4,778.44	356,128.64
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
* 10/21/16	010059	OHIO DEPT OF TAXATION	OHIO TAX	5300-000		716.77	355,411.87
		PO BOX 530					
		COLUMBUS, OH 43266-0030					
* 10/21/16	010060	Regional Income Tax Agency	S EUCLID	5300-000		127.29	355,284.58
		PO Box 477900					
* 10/21/16	010061	Broadview Hts., OH 44147 JEDDS	A1	5200 000		210.15	255.065.42
* 10/21/16	010061	PO Box 80538	Akron	5300-000		219.15	355,065.43
		Akron, OH 44038					
* 10/21/16	010062		Parma	5300-000		127.07	254 029 26
10/21/16	010062	City of PARMA Div of Taxation	Parma	3300-000		127.07	354,938.36
		6611 Ridge Rd					
		Parma, OH 44129					
* 10/21/16	010063	Regional Income Tax Agency	RITA FOR WESTLAKE	5300-000		15.76	354,922.60
10/21/10	010003	PO Box 477900	KITATOK WESTEAKE	3300 000		13.70	334,722.00
		Broadviwe Hts., OH 44147-7900					
* 10/21/16	010064	Regional Income Tax Agency	Cleveland Hts Div Tax	5300-000		37.23	354,885.37
		PO Box 477900					, , , , , , , ,
		Broadview Hts., OH 44147					
* 10/21/16	010065	Hardesty, Anna	Claim 000001, Payment 100.00000%			267.92	354,617.45
		284 E Baird Ave					•

Page Subtotals 0.00 9,252.25

Page: 41 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Account Number / CD #:

Trustee Name:

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3		4		5	6	7
Transactio		D :17 (D : 15		· OST	Uniform	D : (0)	D:1	Account / CD
Date	Reference	Paid To / Received From	Descri	ption Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Barberton OH 44203						
			Claim	266.31	5300-000			
			Interest	1.61	7990-000			
* 10/21/1	16 010066	Maria J. Keeler	Claim 000002, Payn	nent 100.00000%	l		2,985.35	351,632.10
		3410 Chestnut Hill Dr.						
		Medina, OH 44256						
			Claim	2,967.39	5300-000			
			Interest	17.96	7990-000			
* 10/21/1	16 010067	Lewis, Kyle	Claim 000003, Payn	nent 100.00000%			1,117.10	350,515.00
		1429 Lander Road						
		Cleveland OH 44124						
			Claim	1,110.38	5300-000			
			Interest	6.72	7990-000			
* 10/21/1	16 010068	Nemeth, Marianna	Claim 000004, Payn	nent 100.00000%			1,001.27	349,513.73
		2140 Bellus Rd					,	,
		Hinckley OH 44233						
			Claim	995.25	5300-000			
			Interest	6.02	7990-000			
* 10/21/1	16 010069	McDicken, Susan	Claim 000005, Payn	nent 100 00000%			1,114.76	348,398.97
10,21,1	01000	12929 Vincent Dr.		100.000070			1,111.70	2.0,270.77
		Chesterland OH 44026						
			Claim	1,108.08	5300-000			
			Interest	6.68	7990-000			
* 10/21/1	16 010070	Esquivel, Debra	Claim 000007, Payn		7,550 000		1,883.17	346,515.80
10/21/1	010070	2035 Presidential Pkwy	Ciaini 000007, i ayii	icit 100.000070			1,865.17	340,313.80
		Twinsburg OH 44087						
		Twinsourg Off Troof	Claim	1,871.80	5300-000			
			Interest	11.37	7990-000			
* 10/21/1	16 010071	Dronn Valle			/990-000		1.524.51	244 001 20
* 10/21/1	16 010071	Brenn, Kelly	Claim 000010, Payn	nent 100.00000%			1,524.51	344,991.29

Page Subtotals 0.00 9,626.16

Page: 42 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

Trustee Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

Account Number / CD #:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3		4		5	6	7
Transaction	Check or				Uniform			Account / CD
Date	Reference	Paid To / Received From	Descri	ption Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		5876 Bolender Road						
		Akron OH 44319						
			Claim	1,515.37	5300-000			
			Interest	9.14	7990-000			
* 10/21/16	010072	Orlando, Marlene	Claim 000011, Payn	nent 100.00000%			823.21	344,168.08
		29516 Robert St						
		Wickliffe OH 44092						
			Claim	818.24	5300-000			
			Interest	4.97	7990-000			
* 10/21/16	010073	Kovacik, Judith	Claim 000014, Payn	nent 100.00000%			586.41	343,581.67
		19832 Winding Trail						
		Strongsville OH 44149						
			Claim	582.92	5300-000			
			Interest	3.49	7990-000			
* 10/21/16	010074	Boston, Janice	Claim 000015, Payn	nent 100.00000%			728.09	342,853.58
		2548 Congo Street						
		Akron OH 44305						
			Claim	723.71	5300-000			
			Interest	4.38	7990-000			
* 10/21/16	010075	Denise Womack	Claim 000018, Payn	nent 100.00000%			759.72	342,093.86
		1180 Orchard Hts. Dr.						
		Mayfield Heights, OH 44124						
			Claim	755.17	5300-000			
			Interest	4.55	7990-000			
* 10/21/16	010076	Hague, Patricia	Claim 000020, Paym	nent 100.00000%			712.20	341,381.66
		17022 Parklane Dr						
		Stongsville OH 44136						
			Claim	707.90	5300-000			
			Interest	4.30	7990-000			

Page Subtotals 0.00 3,609.63

Page: 43 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Trustee Name:

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial**

Account Number / CD #:

******4864 Checking

******7177 Taxpayer ID No:

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

	1	2	3		4		5	6	7
	Transaction	Check or				Uniform			Account / CD
	Date	Reference	Paid To / Received From	Descrij	otion Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
*	10/21/16	010077	Bitner, Diane	Claim 000037, Paym	ent 100.00000%			292.71	341,088.95
			26 Morningside Dr						
I			Chagrin Falls OH 44022						
I				Claim	290.96	5300-000			
I				Interest	1.75	7990-000			
*	10/21/16	010078	Goode, Andria	Claim 000039, Paym	ent 100.00000%	l		456.35	340,632.60
			283 E. North Street						
I			Akron OH 44304						
I				Claim	453.60	5300-000			
I				Interest	2.75	7990-000			
*	10/21/16	010079	Sandra K. Kocher	Claim 000050, Paym	ent 100.00000%	l		1,136.24	339,496.36
			5986 Easy Pace Circle NW						
l			Canton, OH 44718						
I				Claim	1,129.40	5300-000			
I				Interest	6.84	7990-000			
*	10/21/16	010080	Boresz, Marjorie	Claim 000051, Paym	ent 100.00000%			620.30	338,876.06
			11271 Nicole's Way						
l			Chardon, OH 44024						
I				Claim	616.58	5300-000			
I				Interest	3.72	7990-000			
*	10/21/16	010081	Hulec, Karen	Claim 000068, Paym	ent 100.00000%			130.40	338,745.66
			26080 Hickory Lane						
I			Olmsted Falls OH 44138						
I				Claim	129.62	5300-000			
I				Interest	0.78	7990-000			
*	10/24/16		INTERNAL REVENUE SERVICE	MEDICARE TAX		5300-000		-346.44	339,092.10
			PO BOX 21125	error					
I			PHILADELPHIA, PA 19114						
*	10/24/16		INTERNAL REVENUE SERVICE	MEDICARE MATC	Н	5800-000		-346.44	339,438.54

Page Subtotals 0.00 1,943.12

Page: 44
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Bank Name: BOK Financial

Account Number / CD #: ***

******4864 Checking

DAVID O. SIMON, TRUSTEE

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		PO BOX 21125	error				
		PHILADELPHIA, PA 19114					
10/24/16		INTERNAL REVENUE SERVICE	MEDICARE TAX	5300-000		346.44	339,092.10
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
10/24/16		INTERNAL REVENUE SERVICE	MEDICARE MATCH	5800-000		346.44	338,745.66
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
* 10/24/16		INTERNAL REVENUE SERVICE	SOCIAL SECURITY	5300-000		-1,481.31	340,226.97
		PO BOX 21125	error				
		PHILADELPHIA, PA 19114					
* 10/24/16		INTERNAL REVENUE SERVICE	SS FICA MATCH	5800-000		-1,481.31	341,708.28
		PO BOX 21125	error				
		PHILADELPHIA, PA 19114					
10/24/16		INTERNAL REVENUE SERVICE	SOCIAL SECURITY	5300-000		1,481.31	340,226.97
		PO BOX 21125					
		PHILADELPHIA, PA 19114					
10/24/16		INTERNAL REVENUE SERVICE	SS FICA MATCH	5800-000		1,481.31	338,745.66
		PO BOX 21125					
* 10/24/16		PHILADELPHIA, PA 19114		5200 000		4.770.44	242.524.10
* 10/24/16		INTERNAL REVENUE SERVICE	Federal Income Tax	5300-000		-4,778.44	343,524.10
		PO BOX 21125	error				
10/24/16		PHILADELPHIA, PA 19114	Federal Income Tax	5200 000		4 779 44	229 745 66
10/24/16		INTERNAL REVENUE SERVICE PO BOX 21125	Federal Income Tax	5300-000		4,778.44	338,745.66
		PHILADELPHIA, PA 19114					
* 10/24/16	010059	OHIO DEPT OF TAXATION	OHIO TAX	5300-000		-716.77	339,462.43
10/24/16	010039	PO BOX 530	error	3300-000		-/16.//	339,402.43
		COLUMBUS, OH 43266-0030	CHOI				
* 10/24/16	010060	Regional Income Tax Agency	S EUCLID	5300-000		-127.29	339,589.72
10/24/10	010000	Regional income rax Agency	3 EUCLID	2200-000		-127.29	339,369.72

Page Subtotals 0.00 -151.18

Page: 45 Exhibit 9

15-11415 -AIH Case No:

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

DAVID O. SIMON, TRUSTEE

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		PO Box 477900	error				
		Broadview Hts., OH 44147					
* 10/24/16	010061	JEDDS	Akron	5300-000		-219.15	339,808.87
		PO Box 80538	error				
		Akron, OH 44038					
* 10/24/16	010062	City of PARMA	Parma	5300-000		-127.07	339,935.94
		Div of Taxation	errior				
		6611 Ridge Rd					
		Parma, OH 44129					
* 10/24/16	010063	Regional Income Tax Agency	RITA FOR WESTLAKE	5300-000		-15.76	339,951.70
		PO Box 477900	error				
		Broadviwe Hts., OH 44147-7900					
* 10/24/16	010064	Regional Income Tax Agency	Cleveland Hts Div Tax	5300-000		-37.23	339,988.93
		PO Box 477900	error				
		Broadview Hts., OH 44147					
* 10/24/16	010065	Hardesty, Anna	Claim 000001, Payment 100.00000%			-267.92	340,256.85
		284 E Baird Ave	error				
		Barberton OH 44203					
I			Claim (266.31)	5300-000			
I			Interest (1.61)	7990-000			
* 10/24/16	010066	Maria J. Keeler	Claim 000002, Payment 100.00000%			-2,985.35	343,242.20
		3410 Chestnut Hill Dr.	error				
		Medina, OH 44256					
			Claim (2,967.39)	5300-000			
			Interest (17.96)	7990-000			
* 10/24/16	010067	Lewis, Kyle	Claim 000003, Payment 100.00000%			-1,117.10	344,359.30
		1429 Lander Road	error				,
		Cleveland OH 44124					
			Claim (1,110.38)	5300-000			
			, , , ,				

Page Subtotals 0.00 -4,769.58

UST Form 101-7-TDR (10/1/2010) (Page: 64)

Page: 46 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Account Number / CD #:

Trustee Name:

Bank Name:

DAVID O. SIMON, TRUSTEE **BOK Financial** ******4864 Checking

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
			Interest (6.72)	7990-000			
* 10/24/16	010068	Nemeth, Marianna	Claim 000004, Payment 100.00000%			-1,001.27	345,360.57
		2140 Bellus Rd	error				
		Hinckley OH 44233					
			Claim (995.25)	5300-000			
			Interest (6.02)	7990-000			
* 10/24/16	010069	McDicken, Susan	Claim 000005, Payment 100.00000%			-1,114.76	346,475.33
		12929 Vincent Dr.	error				
		Chesterland OH 44026					
			Claim (1,108.08)	5300-000			
			Interest (6.68)	7990-000			
* 10/24/16	010070	Esquivel, Debra	Claim 000007, Payment 100.00000%			-1,883.17	348,358.50
		2035 Presidential Pkwy	error				
		Twinsburg OH 44087					
			Claim (1,871.80)	5300-000			
			Interest (11.37)	7990-000			
* 10/24/16	010071	Brenn, Kelly	Claim 000010, Payment 100.00000%			-1,524.51	349,883.01
		5876 Bolender Road	error				
		Akron OH 44319					
			Claim (1,515.37)	5300-000			
			Interest (9.14)	7990-000			
* 10/24/16	010072	Orlando, Marlene	Claim 000011, Payment 100.00000%			-823.21	350,706.22
		29516 Robert St	error				
		Wickliffe OH 44092					
			Claim (818.24)	5300-000			
			Interest (4.97)	7990-000			
* 10/24/16	010073	Kovacik, Judith	Claim 000014, Payment 100.00000%			-586.41	351,292.63
		19832 Winding Trail	error				
		Strongsville OH 44149					

Page Subtotals 0.00 -6,933.33

Page: 47 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

Account Number / CD #:

Trustee Name:

******4864 Checking

\$ 2,000,000.00

DAVID O. SIMON, TRUSTEE

******7177 Taxpayer ID No: Blanket Bond (per case limit): For Period Ending: 02/19/19

Separate Bond (if applicable):

* 10/24/16 010074 Boston, Janice Claim 000015, Payment 100.00000% error * 10/24/16 010075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (755.17) 5300-000 Interest (4.55) Claim (755.17) 5300-000 Interest (4.55)	-728.09 Disbursements (\$)	Account / CD Balance (\$) 352,020.72
* 10/24/16 010074 Boston, Janice Claim 000015, Payment 100.00000% error * 10/24/16 010075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 * Claim (723.71) 5300-000 Error * Claim 000018, Payment 100.00000% error * Claim (755.17) 5300-000 Interest (4.55) 7990-000		
* 10/24/16 010074 Boston, Janice 2548 Congo Street Akron OH 44305 * 10/24/16 010075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 * Claim (723.71) 5300-000 Total (755.17) 5300-000 Interest (755.17) 5300-000 Interest (755.17) 7990-000		
* 10/24/16 O10075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (723.71) Interest (4.38) Claim 000018, Payment 100.00000% error Claim (755.17) Interest (4.55) Claim (755.17) Interest (4.55) O10075 Orchard Hts. Dr. Mayfield Heights, OH 44124		
* 10/24/16 O10075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (723.71) S300-000 Interest (4.38) 7990-000 Claim 000018, Payment 100.00000% error Claim (755.17) S300-000 Interest (4.55) 7990-000	-759.72	352,780.44
* 10/24/16 010075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (723.71) Interest (4.38) 7990-000 Claim 000018, Payment 100.00000% error Claim (755.17) 5300-000 Interest (4.55) 7990-000	-759.72	352,780.44
* 10/24/16 010075 Denise Womack 1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (755.17) Interest (4.38) Claim 000018, Payment 100.00000% error Claim (755.17) Interest (4.55) 7990-000	-759.72	352,780.44
* 10/24/16	-759.72	352,780.44
1180 Orchard Hts. Dr. Mayfield Heights, OH 44124 Claim (755.17) 5300-000 Interest (4.55) 7990-000	-759.72	352,780.44
Mayfield Heights, OH 44124 Claim (755.17) 5300-000 Interest (4.55) 7990-000		
Claim (755.17) 5300-000 Interest (4.55) 7990-000		
Interest (4.55) 7990-000		
# 10/04/16 0100M6 VV P.11		
10/24/10 0100/0 Hague, Fatticia Claim 000020, Fayment 100.00000/0	-712.20	353,492.64
17022 Parklane Dr error		
Stongsville OH 44136		
Claim (707.90) 5300-000		
Interest (4.30) 7990-000		
* 10/24/16 010077 Bitner, Diane Claim 000037, Payment 100.00000%	-292.71	353,785.35
26 Morningside Dr error		
Chagrin Falls OH 44022		
Claim (290.96) 5300-000		
Interest (1.75) 7990-000		
* 10/24/16 010078 Goode, Andria Claim 000039, Payment 100.00000%	-456.35	354,241.70
283 E. North Street error		
Akron OH 44304		
Claim (453.60) 5300-000		
Interest (2.75) 7990-000		
* 10/24/16 010079 Sandra K. Kocher Claim 000050, Payment 100.00000%	-1,136.24	355,377.94
5986 Easy Pace Circle NW error		

Page Subtotals 0.00 -4,085.31

Page: 48
Exhibit 9

Case No: 15-11415 -AIH

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

	1	2	3	4		5	6	7
T	ransaction	Check or			Uniform			Account / CD
	Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
			Canton, OH 44718					
				Claim (1,129.40)	5300-000			
				Interest (6.84)	7990-000			
*	10/24/16	010080	Boresz, Marjorie	Claim 000051, Payment 100.00000%			-620.30	355,998.24
			11271 Nicole's Way	error				
			Chardon, OH 44024					
				Claim (616.58)	5300-000			
I				Interest (3.72)	7990-000			
*	10/24/16	010081	Hulec, Karen	Claim 000068, Payment 100.00000%			-130.40	356,128.64
			26080 Hickory Lane	error				
			Olmsted Falls OH 44138					
				Claim (129.62)	5300-000			
				Interest (0.78)	7990-000			
	10/24/16	010082	OHIO DEPT OF TAXATION	OHIO TAX	5300-000		716.77	355,411.87
			PO BOX 530					
l			COLUMBUS, OH 43266-0030					
	10/24/16	010083	Regional Income Tax Agency	S EUCLID	5300-000		127.29	355,284.58
			PO Box 477900					
l			Broadview Hts., OH 44147					
	10/24/16	010084	JEDDS	Akron	5300-000		219.15	355,065.43
			PO Box 80538					
			Akron, OH 44038					
ľ	10/24/16	010085	City of PARMA	Parma	5300-000		127.07	354,938.36
			Div of Taxation					
			6611 Ridge Rd					
			Parma, OH 44129					
	10/24/16	010086	Regional Income Tax Agency	RITA FOR WESTLAKE	5300-000		15.76	354,922.60
			PO Box 477900					
			Broadviwe Hts., OH 44147-7900					

Page Subtotals 0.00 455.34

Page: 49
Exhibit 9

Case No: 15-11415 -AIH

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name: BOK Financial

DAVID O. SIMON, TRUSTEE

Account Number / CD #:

Trustee Name:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
10/24/16	010087	Regional Income Tax Agency	Cleveland Hts Div Tax	5300-000		37.23	354,885.37
		PO Box 477900					
		Broadview Hts., OH 44147					
10/24/16	010088	Hardesty, Anna	Claim 000001, Payment 100.00000%	5300-000		266.31	354,619.06
		284 E Baird Ave					
		Barberton OH 44203					
10/24/16	010089	Maria J. Keeler	Claim 000002, Payment 100.00000%	5300-000		2,967.39	351,651.67
		3410 Chestnut Hill Dr.					
		Medina, OH 44256					
10/24/16	010090	Lewis, Kyle	Claim 000003, Payment 100.00000%	5300-000		1,110.38	350,541.29
		1429 Lander Road					
		Cleveland OH 44124					
10/24/16	010091	Nemeth, Marianna	Claim 000004, Payment 100.00000%	5300-000		995.25	349,546.04
		2140 Bellus Rd					
		Hinckley OH 44233					
10/24/16	010092	McDicken, Susan	Claim 000005, Payment 100.00000%	5300-000		1,108.08	348,437.96
		12929 Vincent Dr.					
		Chesterland OH 44026					
* 10/24/16	010093	Esquivel, Debra	Claim 000007, Payment 100.00000%	5300-000		1,871.80	346,566.16
		2035 Presidential Pkwy					
		Twinsburg OH 44087					
10/24/16	010094	Brenn, Kelly	Claim 000010, Payment 100.00000%	5300-000		1,515.37	345,050.79
		5876 Bolender Road					
		Akron OH 44319					
10/24/16	010095	Orlando, Marlene	Claim 000011, Payment 100.00000%	5300-000		818.24	344,232.55
		29516 Robert St					
		Wickliffe OH 44092					
10/24/16	010096	Kovacik, Judith	Claim 000014, Payment 100.00000%	5300-000		582.92	343,649.63
		19832 Winding Trail					
		Strongsville OH 44149					

Page Subtotals 0.00 11,272.97

Page: 50 Exhibit 9

Case No: 15-11415 -AIH

For Period Ending: 02/19/19

Taxpayer ID No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

******7177

Bank Name:

DAVID O. SIMON, TRUSTEE BOK Financial

Account Number / CD #:

Trustee Name:

******4864 Checking

Blanket Bond (per case limit):

\$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
10/24/16	010097	Boston, Janice	Claim 000015, Payment 100.00000%	5300-000		723.71	342,925.92
		2548 Congo Street					
		Akron OH 44305					
10/24/16	010098	Denise Womack	Claim 000018, Payment 100.00000%	5300-000		755.17	342,170.75
		1180 Orchard Hts. Dr.					
		Mayfield Heights, OH 44124					
10/24/16	010099	Hague, Patricia	Claim 000020, Payment 100.00000%	5300-000		707.90	341,462.85
		17022 Parklane Dr					
		Stongsville OH 44136					
10/24/16	010100	Bitner, Diane	Claim 000037, Payment 100.00000%	5300-000		290.96	341,171.89
		26 Morningside Dr					
		Chagrin Falls OH 44022					
10/24/16	010101	Goode, Andria	Claim 000039, Payment 100.00000%	5300-000		453.60	340,718.29
		283 E. North Street					
		Akron OH 44304					
10/24/16	010102	Sandra K. Kocher	Claim 000050, Payment 100.00000%	5300-000		1,129.40	339,588.89
		5986 Easy Pace Circle NW					
		Canton, OH 44718					
10/24/16	010103	Boresz, Marjorie	Claim 000051, Payment 100.00000%	5300-000		616.58	338,972.31
		11271 Nicole's Way					
		Chardon, OH 44024					
10/24/16	010104	Hulec, Karen	Claim 000068, Payment 100.00000%	5300-000		129.62	338,842.69
		26080 Hickory Lane					
		Olmsted Falls OH 44138					
10/26/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	204.97		339,047.66
			Reporting Period October, 2016				
10/26/16	4	Susie Nagy	Account(s) Receivable(s)	1121-000	50.00		339,097.66
		P.O. Box 374	Account number 284614				
		Conneaut, OH 44030					
10/31/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		544.57	338,553.09

Page Subtotals 254.97

5,351.51

Page: 51 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

DAVID O. SIMON, TRUSTEE

******4864 Checking Account Number / CD #:

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

Trustee Name:

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
11/29/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	402.51		338,955.60
			Reporting Period November, 2016				
11/30/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		503.58	338,452.02
* 12/12/16	010093	Esquivel, Debra	Claim 000007, Payment 100.00000%	5300-000		-1,871.80	340,323.82
		2035 Presidential Pkwy					
		Twinsburg OH 44087					
12/12/16	010105	Esquivel, Debra	Claim 000007, Payment 100.00000%	5300-000		1,871.80	338,452.02
		106 Chimney Rock Lane					
		Fort Mills, SC 29708					
12/13/16	4	Craig Shopneck, Chpt 13 Trustee	Account(s) Receivable(s)	1121-000	11.66		338,463.68
		Estate of Mathews 15-12855					
12/27/16	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	1,908.53		340,372.21
			Reporting Period December, 2016				
12/30/16		Bank of Kansas City	BANK SERVICE FEE	2600-000		504.82	339,867.39
01/11/17	010106	Insurance Partners Agency	Premium on Trustee's Bond	2300-000		155.00	339,712.39
		26865 Center Ridge Road	Insurance Partners Agency				
		Westlake, OH 44145	26865 Center Ridge Road				
			Westlake, OH 44145				
01/30/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	546.02		340,258.41
			January, 2017 Reporting Period				
01/30/17	4	Susie Nagy	Account(s) Receivable(s)	1121-000	50.00		340,308.41
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
01/30/17	010107	Clerk, Cuyaoga County Probate Court	filing fee, Lynch estate	2990-000		15.00	340,293.41
01/31/17		Bank of Kansas City	BANK SERVICE FEE	2600-000		504.94	339,788.47
02/28/17		BOK Financial	BANK SERVICE FEE	2600-000		456.12	339,332.35
03/01/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	560.69		339,893.04
			Reporting Period February, 2017				
03/15/17	4	Craig Shopneck, Chpt 13 Trustee	Account(s) Receivable(s)	1121-000	65.31		339,958.35

Page Subtotals 3,544.72 2,139.46

Page: 52 Exhibit 9

15-11415 -AIH Case No:

Case Name: UNIVERSITY DERMATOLOGISTS, INC., Bank Name: **BOK Financial**

DAVID O. SIMON, TRUSTEE

******4864 Checking Account Number / CD #:

******7177 Taxpayer ID No: For Period Ending: 02/19/19

Blanket Bond (per case limit):

Separate Bond (if applicable):

Trustee Name:

et Bond (per case limit):	\$ 2,000,000.00
4 D 1/2C 11 11)	

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
		Estate of 15-12855 Mathews					
03/20/17	4	Susie Nagy	Account(s) Receivable(s)	1121-000	25.00		339,983.35
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
03/27/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	629.11		340,612.46
			March, 2017 Reporting Period				
03/31/17		BOK Financial	BANK SERVICE FEE	2600-000		505.14	340,107.32
04/12/17	4	Susie M. Nagy	Account(s) Receivable(s)	1121-000	25.00		340,132.32
		P.O. Box 374	Account number 248614				
		Conneaut, OH 44030					
04/14/17	24	US Treasury	tax Refund 2015	1224-000	2,190.73		342,323.05
		2015 tax refund					
04/26/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	523.06		342,846.11
			April, 2017 Reporting Period				
04/28/17		BOK Financial	BANK SERVICE FEE	2600-000		490.47	342,355.64
05/19/17	4	Susie Nagy	Account(s) Receivable(s)	1121-000	25.00		342,380.64
		P.O. Box 374					
		Conneaut, OH 44030					
05/24/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	251.30		342,631.94
			Reporting Period May, 2017				
05/31/17		BOK Financial	BANK SERVICE FEE	2600-000		508.87	342,123.07
06/26/17	4	First Federal Credit Control	Account(s) Receivable(s)	1121-000	474.87		342,597.94
			Reporting Period June, 2017				
06/30/17		BOK Financial	BANK SERVICE FEE	2600-000		492.13	342,105.81
07/28/17	010108	BANK OF KANSAS CITY	TRANSFER TO SUCCESSOR TRUSTEE	9999-000		342,105.81	0.00

Page Subtotals 4,144.07 344,102.42

FORM 2

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Page: 53
Exhibit 9

Case No: 15-11415 -AIH

Case Name: UNIVERSITY DERMATOLOGISTS, INC.,

Taxpayer ID No: ******7177
For Period Ending: 02/19/19

Trustee Name: DAVID O. SIMON, TRUSTEE

Bank Name: BOK Financial

Account Number / CD #: ******4864 Checking

Blanket Bond (per case limit): \$ 2,000,000.00

Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction	Check or			Uniform			Account / CD
Date	Reference	Paid To / Received From	Description Of Transaction	Tran. Code	Deposits (\$)	Disbursements (\$)	Balance (\$)
	•		COLUMN TOTALS 949,052.72 949,052.72			0.00	
			Less: Bank Transfers/CD's Subtotal Less: Payments to Debtors		0.00	342,105.81	
					949,052.72	606,946.91	
						773.83	
	Net		Net		949,052.72	606,173.08	
					NET	ACCOUNT	
			TOTAL - ALL ACCOUNTS Checking Account - *******6468 Checking - *******4864		NET DEPOSITS	DISBURSEMENTS	BALANCE
					32,284.39	374,390.20	0.00
					949,052.72	606,173.08	0.00
					981,337.11	980,563.28	0.00
					(Excludes Account	(Excludes Payments	Total Funds
					Transfers)	To Debtors)	On Hand

Page Subtotals 0.00 0.00